CLEARINGHOUSE

MEDICAID QUALITY CONTROL

REPORTS SECTION 4000

DEPARTMENT OF HEALTH, EDUCATION AND WELFARE
HEALTH CARE FINANCING ADMINISTRATION
MEDICAID BUREAU
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4100 INTRODUCTION

The primary objective of the Medicaid Quality Control System is to eliminate or substantially reduce dollar losses resulting from eligibility, claims processing, and third party liability errors in the administration of Medicaid. As the first step in accomplishing that objective, information concerning a sample of Medicaid cases and the claims for services provided to members of those cases during selected review months is obtained, documented on worksheets, and summarized on the Medicaid Quality Control Review Schedule, included as Appendix C of this Manual. During this process, the information obtained from the Review Schedules is tabulated and reported to the Federal Government on report forms.

The purpose of Section 4000 of the MQC Manual is to provide States with the Federal requirements for reporting Medicaid Quality Control data. Specifically, it presents the tables that are required to be submitted to the Federal Government and explicit instructions for entering data on these tables. It also presents the schedule for completing and submitting these reports. In addition, this Section of the MQC Manual includes detailed instructions for checking completeness and accuracy of the Review Schedule and tables.

The effective operation of the Medicaid Quality Control program depends heavily upon the receipt of timely, accurate and complete information about the results of quality control operations, and on the prompt and correct utilization of that information in the Federal decision-making process and in State corrective action planning and implementation. The required tables yield information concerning those types of errors that lead to the misspending of Medicaid dollars. The actions States should take in an attempt to correct the causes of those errors determine the kinds of assistance the Federal Government can provide States for improving efficiency.

For the States, the preparation of statistical tables is part of the data management segment of the MQC system. Data management includes ordering and processing data collected during the review process, and insuring the accuracy, completeness and consistency of the reported data. It also includes the analysis of those data for corrective action planning. Information from the reports will be used in identifying the nature and extent of errors that are being made. A more thorough program and statistical analysis of these reports

will form the basis for corrective actions for eliminating the underlying causes of eligibility, third party liability, and claims processing errors.

Most of the reports submitted by the States will show data for each of the primary strata which are being sampled and for which data are being collected (i.e., Medical Assistance Only, AFDC, and SSI in 1634 States and Medical Assistance and Others and AFDC in non-1634 States).[1] For those States choosing to substratify any of the primary strata[2] (refer to MQC Manual, Sampling Methods, Section 2820), data for each substratum must be statistically combined using the weighting procedures described in Chapter 4310 of this Manual to achieve the stratum totals that are to be reported.

Each State must submit a set of eleven reports describing Medicaid Quality Control findings for each six month review period.

Table I-A	Statistical Summary. The number of cases sampled and their status. Also shown are universe data on Medicaid caseload and dollar payments.
Table I-B	Number of Cases and Amount of Error by Error Classification. The number of cases and amount of gross and unduplicated error payments by error classification.
Table II-A	Dollar Value of Eligibility/Liability Errors by Source of Error. The dollar amount of eligibility errors for ineligible cases or case members and cases with understated liability. This table also shows these values as a percent of dollar amount of agency and beneficiary errors.

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[1] For a more detailed description of the types of Medicaid cases included in these strata, please refer to Sections 2331-2334 in the Medicaid Quality Control Manual, Sampling Methods.

[2] The SSI-QA sample is substratified in several States (see Appendix A of Section 2000 of the MQC Manual). If a 1634 State uses SSI-QA data from a substratified SSI-QA sample, it must weight such data as shown in Section 4310 of the MQC Manual.

Table II-B Dollar Value of TPL and CP Error by Source of Error. The dollar amount and distribution of third party liability and claims processing errors by the source of the error.

Table III Number of Cases by Type of Error Combination. The distribution of cases by the different combinations of errors that can be made.

Table IV-A Number of Cases with Eligibility/ Liability Errors by Element of Error. The number of eligibility or liability errors (for all cases regardless of whether they had claims associated with them) distributed by the various elements of error.

Table IV-B Dollar Amount of Eligibility/Liability Errors by Element of Error. The dollar amount of error for sample cases for the review month, distributed by the various elements of error.

Table V Number of Sample Cases by Third Party Liability Status. The distribution of cases according to TPL status.

Table VI Dollar Amount of Third Party Liability Error by Type of Service. The amount of third party liability error associated with claims by the different categories of service.

Table VII Dollar Amount in Error by Type of Third Party Liability. The amount of TPL error by the type of third party liable for payment.

Table VIII Claims Processing Error Code Frequency Analysis. The distribution of claims processing errors by error element and nature code.

Table IX-A	Case Characteristics for Both Cases With and Cases Without Eligibility/Liability Errors. The number of cases with errors and the number of cases without errors for specified characteristics.
Table IX-B	Case Characteristics - Eligibility/ Liability Error Cases Only. Cases with errors by age characteristics.
Table X	Universe Data by Stratum or Substratum. The number of Medicaid cases and dollars paid for Medicaid cases during each month of the review period.
Table XI	Correction Factor Data - Sample Payments. The payments made for sample cases during and after the completion of the claims collection period.

Tables I-VII show data by stratum. Table VIII is for cases across all strata. Table IX is for MAO cases only. Table X shows data by stratum for States not substratifying their Medicaid populations, and by substratum for all other States. This table contains universe statistics that are to be used in developing estimates from the sample statistics of Tables I-IX. Table XI is to be repeated for all strata and/or substrata.

Within eight months of the close of the reporting period, States will submit the required tables to the Regional Office. Tables containing universe totals (Table X) may be submitted by the States when available, but they must be submitted no later than 4 months after the close of the reporting period. Exhibit 4100A, next page, presents the submission time schedule.

In addition, as States complete reviews, they will submit to the Regional Office a list of disposed of cases and findings, or copies of the Review Schedules of disposed of cases.

Case findings will be submitted twice, first after completion of the eligibility review and again after completion of TPL and CP reviews. Once findings are submitted they may not be changed except for dropped cases which are subsequently completed, completed findings which are subsequently found to be listed-in-error and, in 1634 States, SSI-QA ineligible cases which the State has found eligible under other coverage but Federal re-review has found ineligible.

EXHIBIT 4100 A

TABLE SUBMISSION TIME SCHEDULE

TABLE	CONTENT	FREQUENCY AND DEADLINE	SUBMITTED TO
I-A	Statistical Summary	Every 6 months. Within 8 months of close of reporting period.	Regional Office
I-B	Number of Cases and Amount of Error by Error Classification	Every 6 months. Within 8 months of close of reporting period.	Regional Office
II-A	Dollar Value of Eligibility/ Liability Errors by Source of Error	Every 6 months. Within 8 months of close of reporting period.	Regional Office
II-B	Dollar Value of TPL and CP Error by Source of Error	Every 6 months. Within 8 months of close of reporting period.	Regional Office
III	Number of Cases by Type of Error Combination	Every 6 months. Within 8 months of close of reporting period.	Regional Office
IV-A	Number of Cases with Eligibility/ Liability Errors by Element of Error	Every 6 month. Within 8 months of close of reporting period.	Regional Office
IV-B	Dollar Amount of Eligibility/ Liability Errors by Element of Error	Every 6 month. Within 8 months of close of reporting period.	Regional Office
V	Number of Sample Cases by Third Party Liability Status	Every 6 month. Within 8 months of close of reporting period.	Regional Office

EXHIBIT 4100 A cont.

TABLE SUBMISSION TIME SCHEDULE

TABLE	CONTENTS	FREQUENCY AND DEADLINE	SUBMITTED TO
VI	Dollar Amount of Third Party Liability Error by Type of Service	Every 6 months. Within 8 months of close of reporting period.	Regional Office
VII	Dollar Amount in Error by Type of Third Party Liability	Every 6 months. Within 8 months of close of reporting period.	Regional Office
VIII	Claims Processing Error Code Frequency Analysis	Every 6 months. Within 8 months of close of reporting period.	Regional Office
IX-A	Case Characteristics for Both Cases With and Cases Without Eligibility/Liability Errors	Every 6 months. Within 8 months of close of reporting period.	Regional Office
IX-B	Case Characteristics - Eligibility/ Liability Error Cases Only	Every 6 months. Within 8 months of close of reporting period.	Regional Office
X	Universe Data by Stratum or Substratum	Every 6 months. Within 4 months of close of reporting period.	Regional Office
XI	Correction Factor Data - Sample Payments	Every 6 months. Within 8 months of close of reporting period.	Regional Office
	Case listing of disposed of cases and findings, or photocopies of cases	As completed by State MQC Staff.	Regional Office

4200 REPORTS AND INSTRUCTIONS

4210 INTRODUCTION

Eleven Medicaid Quality Control reports must be submitted to the HCFA Regional Office every six months. Tables I-IX contain, unless specified otherwise, sample statistics for completed case reviews. Table X contains universe statistics to be used in weighting estimates from the sample statistics of Tables I-IX. Table XI contains extended sample data that are collected and may be used for making adjustments to the basic data to allow for payments made after the end of the claims collection period.

The report instructions that follow describe in detail how each table entry is to be calculated. There are three general rules that are not stated explicitly in each set of table instructions. These rules should be followed in developing the tables. They are presented in the following sections and apply, as indicated, to the development of the tables.

4220 General Instructions

4221 Calculating Data for Individual Strata

Tables I through VII require that the data entered be presented separately for each stratum. Therefore, in 1634 States, entries will be made in each of the stratum columns provided in the tables. Review Schedules serving as the sources of the data entered under each stratum heading are as follows:

. MAO (Medical Assistance Only)

- Review Schedules for MAO cases are those that contain a 3 or 4 in Column 23 of Card 1 of the Review Schedule data.

AFDC

- Review Schedules for AFDC cases are those that contain a 2 in Column 23 of Card 1 of the Review Schedule data.

SSI

- Review Schedules for SSI cases are those that contain a 1 in Column 23 of Card 1 of the Review Schedule data.

In non-1634 States there are only two strata. Therefore, entries will be made in only two of the stratum columns provided in the tables. The column under the SSI heading will be left blank. The Review Schedules serving as the sources of the data entered under each stratum heading are as follows:

. MAO (Medical Assistance and Others)

- Review Schedules having a 1, 3, or 4 in Column 23 of Card 1 of the Review Schedule data.

. AFDC

- Review Schedules having a 2 in Column 23 of Card 1 of the Review Schedule data.

Table VIII displays totals across all strata. However, it implicitly requires the calculation of statistics for each stratum that are necessary for calculating the sample totals. Table IX calls for statistics from the MAO (defined for 1634 or non-1634 States as appropriate), population only. Table X requires universe data and does not require Review Schedule data. Table XI reports information on claims paid after the end of the review period which is also not obtained from the Review Schedule.

Consequently, when the individual table instructions presented indicate that a statistic is to be calculated independently for each stratum or for the MAO population only, it means that the data used in calculating the statistic are to be obtained accordingly from the subsets of Review Schedules noted above.

4222 Further Instructions for Reporting Data for Sub-stratified Populations

If a State substratifies any or all of its stratum populations, it must modify, for those (and

only those) strata, the procedures outlined in the table instructions. Rather than accumulating data for each stratum according to the guidelines described in the preceding Section, it becomes necessary to accumulate data for each substratum. Thus the Review Schedules must contain the information necessary to distinguish the schedules of one substratum from those of the other substrata.

The data called for in the tables are calculated using essentially the same instructions used when there are no substrata. However, instead of calculating the statistics by stratum directly, they are calculated first by substratum. The substratum statistics are then converted to stratum statistics using the procedures outlined in Section 4310 of this Manual. The stratum statistics calculated in this way are then treated as are any stratum statistics for populations that are not substratified. Note that this procedure is always used for the SSI stratum in 1634 States in which the SSI stratum is divided into FFL (Federal Fiscal Liability) and non-FFL populations.

4223 Completed Case Reviews

A number of situations may prevent a case review from being completed. The disposition of review is coded in Part IV-0 of the Review Schedule (Column 51 of Card 1). A 1 in Column 51 of Card 1 indicates that the case review has been completed. Any other entry in this Column indicates that it has not been completed.

Tables II-IX require the tabulation of data for only those cases for which reviews have been completed. Thus an additional instruction may be added to the instructions for each of Tables II-IX. That instruction would be to follow all other instructions that are specified if and only if there is a 1 in Column 51 of Card 1.

4230 Table Instructions

The instructions for completing all tables follow.

Form HCFA-302 (8/78)
Department of Health, Education and Welfare
Health Care Financing Administration

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Table IA
MEDICAID QUALITY CONTROL: Statistical Summary

State _____ Reporting Period _____ to _____

	Stratum			TOTAL
	MAO A	AFDC A	SSI A	B
I. AVERAGE MONTHLY MEDICAID CASELOAD				
II. AVERAGE MONTHLY UNIVERSE OF MEDICAID PAYMENTS MADE DURING THE REPORTING PERIOD				
III. NUMBER OF CASES SELECTED FOR THE REPORTING PERIOD				
IV. NUMBER OF REVIEWS COMPLETED DURING THE REPORTING PERIOD				
V. TOTAL NUMBER OF SAMPLE CASES FOR WHICH REVIEWS HAVE NOT BEEN COMPLETED				
A. Listed in error				
B. Moved out of state since review month				
C. Unwilling to give information				
D. Could not be located				
E. Other reasons				
VI. NUMBER OF COMPLETED REVIEWS HAVING CLAIMS				
VII. NUMBER OF CLAIMS PROCESSED FOR SAMPLE CASES				
VIII. DOLLAR PAYMENTS FOR ALL SAMPLE CASES REVIEWED				

This report is required by law (42 CFR 450.25(e)). Failure to report can result in a noncompliance determination.

TABLE I-A

General Instructions

Table I-A displays universe and sample workload statistics for the reporting period. Items I and II of Table I-A are universe statistics and are not available from the Review Schedules. They must be obtained from the unit in the Medicaid Agency that keeps these statistics. Items III-VIII of Table I-A are to be obtained from the Review Schedule data.

If a State substratifies its stratum populations, the data for each stratum for all Table I-A entries are calculated by summing the individual substratum statistics. It is important to note that the procedures for calculating stratum totals described in Section 4310 of this Manual are not to be used in obtaining stratum totals for Table I-A data. It should also be noted that the sample statistics in Table I-A are the only statistics provided in any table that reflect data for all sample cases and not just those for which reviews had been completed.

The sources of data for Table I-A, parts III-VIII are items IV-O, VII-B, VII-D of the Review Schedule. The stratum identification information found in Section II-H of the Review Schedule is also required for this table. The specific instructions for Table I-A that follow are not repeated for all strata, since there are no differences in how the statistics are calculated for the different strata. The statistics for a particular stratum must be calculated from only those Review Schedules for cases in that stratum, as was explained in the general instrutions for Tables I-VII in Section 4221.

TABLE I-A

Specific Instructions

Column Heading Instructions

Column

A — MAO-AFDC-SSI. For the stratum specified in the column, enter the value of the statistic as calculated according to the instructions for each row item in this table. Repeat these calculations independently for cases in each stratum as specified in the general instructions for Tables I-VII presented in Section 4221 of this Manual. Make the appropriate entry for each stratum.

B — Total. Enter the sum of the row entries for all strata.

Row Heading Instructions

Row

I — Average Monthly Medicaid Caseload. Calculate this statistic by summing the stratum caseload size for each month during the review period and dividing this sum by 6.

II — Average Monthly Universe of Medicaid Payments Made During the Reporting Period. Sum the payments made for all Medicaid cases in the stratum over the entire reporting period and divide by 6.

III — Number of Cases Selected for the Reporting Period. For each stratum, count the number of Review Schedules having an entry in Column 51 of Card 1.

IV — Number of Reviews Completed During the Reporting Period. For each stratum, count the number of Review Schedules having a 1 in Column 51 of Card 1.

Row	
V	Total Number of Sample Cases for Which Reviews Have Not Been Completed. For each stratum, count the number of Review Schedules having a 2, 3, 4, 5, or 6 in Column 51 of Card 1.
V-A	Number of Case Reviews Not Completed Because Cases Were Listed In Error. For each stratum, count the number of Review Schedules having a 5 in Column 51 of Card 1.
V-B	Number of Case Reviews Not Completed Because Case Members Moved Out of State Since the Review Month. For each stratum, count the number of Review Schedules with a 2 in Column 51 of Card 1.
V-C	Number of Case Reviews Not Completed Because Case Members Were Unwilling to Give Required Information. For each stratum, count the number of Review Schedules having a 3 in Column 51 of Card 1.
V-D	Number of Case Reviews Not Completed Because Case Members Could Not Be Located. For each stratum, count the number of Review Schedules with a 4 in Column 51 of Card 1.
V-E	Number of Case Reviews Not Completed for Other Reasons. For each stratum, count the number of Review Schedules with a 6 in Column 51 of Card 1.
VI	Number of Completed Reviews Having Claims. For each stratum, count the number of Review Schedules having a 1 in Column 51 of Card 1 and a non-zero entry in Columns 18-20 of Card 7.
VII	Number of Claims Processed for Sample Cases. For each stratum, sum the entries in Columns 18-20 of Card 7 for case Review Schedules having a 1 in Column 51 of Card 1.
VIII	Dollar Payments for all Sample Cases Reviewed. For each stratum, sum the entries in Columns 31-35 of Card 7 for case Review Schedules having a 1 in Column 51 of Card 1.

TABLE I-A

Example - Item III

Type of State - 1634

MAO	Count the number of Review Schedules with a 3 or 4 in Column 23 of Card 1 and any entry in Column 51 of Card 1. Let this number be 200.
AFDC	Count the number of Review Schedules with a 2 in Column 23 of Card 1 and any entry in Column 51 of Card 1. Let this number be 500.
SSI	Count the number of Review Schedules with a 1 in Column 23 of Card 1 and any entry in Column 51 of Card 1. Let this number be 300.
Total	The total is the sum of the entries made in each of the Columns; or 200 + 500 + 300 = 1000.

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Table IB

MEDICAID QUALITY CONTROL: Number of Cases and Amount of Error by Error Classification

State _____ Reporting Period _____ to _____

		Stratum			Total Percent Only
		MAO A	AFDC A	SSI A	B
I. NUMBER OF CASES BY ERROR CLASSIFICATION AND AS A PERCENT OF CASES COMPLETED					
A. Cases having one or more errors	(1) #				
	(2) %				
B. Ineligible cases	(1) #				
	(2) %				
C. Eligible with ineligible members	(1) #				
	(2) %				
D. Liability understated error only	(1) #				
	(2) %				
E. Liability overstated error only	(1) #				
	(2) %				
F. Liability understated error with ineligible members	(1) #				
	(2) %				
G. Liability overstated error with ineligible members	(1) #				
	(2) %				
H. Claims processing errors	(1) #				
	(2) %				
I. Third party liability errors	(1) #				
	(2) %				
II. NUMBER OF CASES WITH CLAIMS BY ERROR CLASSIFICATION AND AS A PERCENT OF CASES WITH CLAIMS					
A. Cases having one or more errors	(1) #				
	(2) %				
B. Ineligible cases	(1) #				
	(2) %				
C. Eligible with ineligible members	(1) #				
	(2) %				
D. Liability understated error only	(1) #				
	(2) %				
E. Liability overstated error only	(1) #				
	(2) %				
F. Liability understated error with ineligible members	(1) #				
	(2) %				
G. Liability overstated error with ineligible members	(1) #				
	(2) %				
H. Claims processing errors	(1) #				
	(2) %				
I. Third party liability errors	(1) #				
	(2) %				

This report is required by law (42 CFR 450.25(e)).
Failure to report can result in a noncompliance determination.

Table IB
MEDICAID QUALITY CONTROL: Number of Cases and Amount of Error by Error Classification

State _____ Reporting Period _____ to _____

		Stratum			
		MAO A	AFDC A	SSI A	Total Percent Only B
III. GROSS PAYMENT ERRORS AND AS A PERCENT OF TOTAL PAYMENTS TO SAMPLE CASES					
A. Total error payments for all error classifications	(1) $				
	(2) %				
B. Error payments for ineligible recipients	(1) $				
	(2) %				
C. Error payments resulting from case liability understated errors	(1) $				
	(2) %				
D. Error payments resulting from claims processing errors	(1) $				
	(2) %				
E. Error payments resulting from third party liability errors	(1) $				
	(2) %				
IV. UNDUPLICATED PAYMENT ERRORS AND AS A PERCENT OF TOTAL PAYMENTS TO SAMPLE CASES					
A. Total error payments for all error classifications	(1) $				
	(2) %				
B. Error payments for ineligible recipients	(1) $				
	(2) %				
C. Error payments resulting from case liability understated errors	(1) $				
	(2) %				
D. Error payments resulting from claims processing errors	(1) $				
	(2) %				
E. Error payments resulting from third party liability errors	(1) $				
	(2) %				
V. DOLLAR AMOUNT OF LIABILITY OVERSTATED FOR ALL CASES					
VI. DOLLAR AMOUNT OF LIABILITY UNDERSTATED FOR ALL CASES					

This report is required by law (42 CFR 450.25(e)).
Failure to report can result in a noncompliance determination.

HCFA-302A (8-78)

TABLE I-B

General Instructions

Table I-B displays sample values and rates for the number of error cases and the dollar amount of errors for eligibility, liability, claims processing (CP), and third party liability (TPL) errors. Both gross dollar error amounts and unduplicated error payments are included in this table. Where applicable, the number of cases with errors is shown for all cases as well as for only those cases having review month claims.

The parts of the Review Schedule serving as the sources of the data for Table I-B are as follows:

Items I & II — Number of Cases Having Errors (Part VII-D of the Review Schedule is used to identify whether or not claims were paid for the case)

- Eligibility - IV Q
- Liability - IV Q
- CP - VII G
- TPL - VI J

Item III — Gross Payment Errors

- Eligibility - VIII B
- Liability Understated - VIII C
- CP - VII G
- TPL - VI J

Item IV — Unduplicated Payment Errors

- Eligibility - VIII B
- Liability Understated - VIII C

- CP - VIII D

- TPL - VIII E

- All Errors - VIII F

Item V Dollar Amount of Liability Overstated - IV Q and IV R.

Item VI Dollar Amount of Liability Understated - IV Q and IV R.

The stratum identification information found in part II-H of the Review Schedule is also required for this table. Refer to the general instructions for Tables I-VII presented in Section 4221 for instructions on calculating the required statistics by stratum. The specific instructions for Table I-B that follow are not repeated for all strata, since there are no differences in how the statistics are calculated for the different strata. The statistics for a particular stratum must be calculated from only those Review Schedules for cases in that stratum, as was explained in the general instructions for Tables I-VII. Note again that States which substratify must weight substratum data in accordance with the rules specified in Section 4310 of the Manual.

All percent calculations for this table are to be shown to two decimal places (e.g. 79.10%).

TABLE I-B

Specific Instructions

Column Headings and Instructions

Column

A — MAO-AFDC-SSI. Enter the statistic called for by the row heading as calculated according to the row heading instructions for this table. Repeat these calculations independently for all completed case reviews in each stratum as specified in the general instructions for Tables I-VII presented earlier in Section 4221. Make the appropriate entry for each stratum.

B — Total. For Item I apply the method for calculating the weighted ratios described in Section 4322 of this Manual using formula D as follows:

$$R = \frac{\sum_{i=1}^{k} \frac{y_i}{z_i} N_i}{\sum_{i=1}^{k} N_i} \qquad (D)$$

and make the following substitution:

. for $\frac{y_i}{z_i}$ substitute the row percent entry for stratum i .

For Item II apply the method for calculating weighted ratios described in Section 4322 of this manual, using formula C as follows:

$$R = \frac{\sum_{i=1}^{k} \frac{N_i}{n_i} y_i}{\sum_{i=1}^{k} \frac{N_i}{n_i} z_i} \qquad (C)$$

and make the following substitution:

- for y_i substitute the row value for stratum i that is the numerator used in calculating the row percent for stratum i.

- for z_i substitute the specified stratum value that serves as the denominator used in calculating the row percent for stratum i .

For Items III & IV apply the method for calculating the weighted ratios described in Section 4421 of this Manual using formula B as follows:

$$R = \frac{\sum_{i=1}^{k} \frac{y_i}{z_i} D_i}{\sum_{i=1}^{k} D_i} \qquad (B)$$

and make the following substitution:

- for $\frac{y_i}{z_i}$ substitute the row percent entry for stratum i

When using any of these formulas, make the following further substitutions as required:

- for N_i substitute the average monthly caseload size for stratum i, (i.e., Row I Table I-A) (Items I and II only).

- for n_i substitute the number of completed reviews for stratum i (i.e., Row IV Table I-A) (Item II only).

- for D_i substitute the average monthly universe of Medicaid payments during the reporting period for stratum i claims (i.e., Row II Table I-A) (Items III and IV only).

Enter the resulting values into the appropriate row of the total column.

Row Heading Instructions - for MAO-AFDC-SSI Columns

Row	
I	Number of Cases by Error Classification and as a Percent of Cases Completed
I-A	Cases Having One or More Errors
I-A(1)	Number: For each stratum, count the number of Review Schedules having non-zero entries in any of the following Columns: 63-64 of Card 1, 47-51 of Card 6, and 49-53 of Card 7.
I-A(2)	Percent: For each stratum divide the number entered in Row I-A(1) of this table by the number of completed reviews in the stratum (Row IV, Table I-A), and multiply the resulting value by 100.
I-B	Ineligible Cases
I-B(1)	Number: For each stratum, count the number of Review Schedules having a 2 in Column 54 of Card 1.
I-B(2)	Percent: For each stratum, divide the number entered in Row I-B(1) of this table by the number of completed reviews in the stratum (Row IV, Table I-A), and multiply the resulting value by 100.
I-C	Eligible with Ineligible Members
I-C(1)	Number: For each stratum, count the number of Review Schedules having a 3 in Column 54 of Card 1.
I-C(2)	Percent: For each stratum, divide the number entered in Row I-C(1) of this table by the number of completed reviews in the stratum (Row IV, Table I-A), and multiply the resulting value by 100.
I-D	Liability Understated Error Only
I-D(1)	Number: For each stratum, count the number of Review Schedules having a 4 in Column 54 of Card 1.
I-D(2)	Percent: For each stratum, divide the number entered in Row I-D(1) of this table by the number of completed reviews in the stratum (Row IV, Table I-A), and multiply the resulting value by 100.

Row

I-E Liability Overstated Error Only

I-E(1) Number: For each stratum, count the number of Review Schedules having a 5 in Column 54 of Card 1.

I-E(2) Percent: For each stratum, divide the number entered in Row I-E(1) of this table by the number of completed reviews in the stratum (Row IV, Table I-A), and multiply the resulting value by 100.

I-F Liability Understated Error with Ineligible Members

I-F(1) Number: For each stratum, count the number of Review Schedules having a 6 in Column 54 of Card 1.

I-F(2) Percent: For each stratum, divide the number entered in Row I-F(1) of this table by the number of completed reviews in the stratum (Row IV, Table I-A), and multiply the resulting value by 100.

I-G Liability Overstated Error with Ineligible Members

I-G(1) Number: For each stratum, count the number of Review Schedules having a 7 in Column 54 of Card 1.

I-G(2) Percent: For each stratum, divide the number entered in Row I-G(1) of this table by the number of completed reviews in the stratum (Row IV, Table I-A), and multiply the resulting value by 100.

I-H Claims Processing Errors

I-H(1) Number: For each stratum, count the number of Review Schedules having a non-zero entry in Columns 49-53 of Card 7.

I-H(2) Percent: For each stratum, divide the number entered in Row I-H(1) of this table by the number of completed reviews in the stratum (Row IV, Table I-A), and multiply the resulting value by 100.

I-I Third Party Liability Errors

I-I(1) Number: For each stratum, count the number of Review Schedules having a non-zero entry in Columns 47-51 of Card 6.

Row

I-I(2) Percent: For each stratum, divide the number entered in Row I-I(1) of this table by the number of completed reviews in the stratum (Row IV, Table I-A), and multiply the resulting value by 100.

II Number of Cases with Claims by Error Classification and as a Percent of Cases with Claims

II-A Cases Having One or More Errors

II-A(1) Number: For each stratum, count the number of Review Schedules having non-zero entries in Columns 51-55 of Card 12.

II-A(2) Percent: For each stratum, divide the number entered in Row II-A(1) of this table by the number of completed reviews in the stratum having claims (Row VI, Table I-A), and multiply the resulting value by 100.

II-B Ineligible Cases

II-B(1) Number: For each stratum, count the number of Review Schedules having a 2 in Column 54 of Card 1 and a non-zero entry in Columns 18-20 of Card 7.

II-B(2) Percent: For each stratum, divide the number entered in Row II-B(1) of this table by the number of completed reviews in the stratum having claims (Row VI, Table I-A), and multiply the resulting value by 100.

II-C Eligible with Ineligible Members

II-C(1) Number: For each stratum, count the number of Review Schedules having a 3 in Column 54 of Card 1 and a non-zero entry in Columns 18-20 of Card 7.

II-C(2) Percent: For each stratum, divide the number entered in Row II-C(1) of this table by the number of completed reviews in the stratum having claims (Row VI, Table I-A), and multiply the resulting value by 100.

Row

II-D Liability Understated Error Only

II-D(1) Number: For each stratum, count the number of Review Schedules with a 4 in Column 54 of Card 1 and a non-zero entry in Columns 18-20 of Card 7.

II-D(2) Percent: For each stratum, divide the number entered in Row II-D(1) of this table by the number of completed reviews in the stratum having claims (Row VI, Table I-A), and multiply the resulting value by 100.

II-E Liability Overstated Error Only

II-E(1) Number: For each stratum, count the number of Review Schedules having a 5 in Column 54 of Card 1 and a non-zero entry in Columns 18-20 of Card 7.

II-E(2) Percent: For each stratum, divide the number entered in Row II-E(1) of this table by the number of completed reviews in the stratum having claims (Row VI, Table I-A), and multiply the resulting value by 100.

II-F Liability Understated Error with Ineligible Members

II-F(1) Number: For each stratum, count the number of Review Schedules having a 6 in Column 54 of Card 1 and a non-zero entry in Columns 18-20 of Card 7.

II-F(2) Percent: For each stratum, divide the number entered in Row II-F(1) of this table by the number of completed reviews in the stratum having claims (Row VI, Table I-A), and multiply the resulting value by 100.

II-G Liability Overstated Error with Ineligible Members

II-G(1) Number: For each stratum, count the number of Review Schedules with a 7 in Column 54 of Card 1 and a non-zero entry in Columns 18-20 of Card 7.

Row

II-G(2) Percent: For each stratum, divide the number entered in Row II-G(1) of this table by the number of completed reviews in the stratum having claims (Row VI, Table I-A), and multiply the resulting value by 100.

II-H Claims Processing Errors

II-H(1) Number: For each stratum, count the number of Review Schedules having a non-zero entry in Columns 49-53 of Card 7.

II-H(2) Percent: For each stratum, divide the number entered in Row II-H(1) of this table by the number of completed reviews in the stratum having claims (Row VI, Table I-A), and multiply the resulting value by 100.

II-I Third Party Liability

II-I(1) Number: For each stratum, count the number of Review Schedules having a non-zero entry in Columns 47-51 of Card 6.

II-I(2) Percent: For each stratum, divide the number entered in Row II-I(1) of this table by the number of completed reviews in the stratum having claims (Row VI, Table I-A), and multiply the resulting value by 100.

III Gross Payment Errors

III-A Total Error Payments for All Error Classifications

III-A(1) Number: For each stratum, sum the entries in Columns 47-51 of Card 6, 49-53 of Card 7, and 31-35 and 36-40 of Card 12 over all cases in that stratum.

III-A(2) Percent: For each stratum, divide the number entered in Row III-A(1) of this table by the total payments made for sample cases in the stratum (Row VIII, Table I-A), and multiply the resulting value by 100.

Row

III-B Error Payments for Ineligible Recipients

III-B(1) Number: For each stratum, sum the Card 12 Column 31-35 entries over all stratum cases.

III-B(2) Percent: For each stratum, divide the number entered in Row III-B(1) of this table by the total payments made for sample cases in the stratum (Row VIII, Table I-A) and multiply the resulting value by 100.

III-C Error Payments Resulting from Case Liability Understated Errors

III-C(1) Number: For each stratum, sum the Card 12 Columns 36-40 entries over all cases.

III-C(2) Percent: For each stratum, divide the number entered in Row III-C(1) of this table by the total payments made for sample cases in the stratum (Row VIII, Table I-A), and multiply the resulting value by 100.

III-D Error Payments Resulting from Claims Processing Errors

III-D(1) Number: For each stratum, sum the Card 7 Column 49-53 entries over all cases.

III-D(2) Percent: For each stratum, divide the number entered in Row III-D(1) of this table by total payments made for sample cases in the stratum (Row VIII, Table I-A), and multiply the resulting value by 100.

III-E Error Payments Resulting from Third Party Liability Errors

III-E(1) Number: For each stratum, sum the Card 6 Column 47-51 entries over all cases.

III-E(2) Percent: For each stratum, divide the number entered in Row III-E(1) of this table by the total payments made for sample cases in the stratum (Row VIII, Table I-A) and multiply the resulting value by 100.

Row	
IV.	Unduplicated Payment Errors
IV-A	Total Error Payments for All Error Classification
IV-A(1)	Number: For each stratum, sum the Card 12 Column 51-55 entries over all cases.
IV-A(2)	Percent: For each stratum, divide the number entered in Row IV-A(1) of this table by the total payments made for sample cases in the stratum (Row VIII, Table I-A), and multiply the resulting value by 100.
IV-B	Error Payments for Ineligible Recipients
IV-B(1)	Number: For each stratum, sum the Card 12 Column 31-35 entries over all cases.
IV-B(2)	Percent: For each stratum, divide the number entered in Row IV-B(1) of this table by the total payments made for sample cases in the stratum (Row VIII, Table I-A), and multiply the resulting value by 100.
IV-C	Error Payments Resulting from Case Liability Understated Errors
IV-C(1)	Number: For each stratum, sum the Card 12 Column 36-40 entries over all cases.
IV-C(2)	Percent: For each stratum divide the number entered in Row IV-C(1) of this table by the total payments made for sample cases in the stratum (Row VIII, Table I-A), and multiply the resulting value by 100.
IV-D	Error Payments Resulting from Claims Processing Errors
IV-D(1)	Number: For each stratum, sum the Card 12 Column 41-45 entries over all cases.
IV-D(2)	Percent: For each stratum, divide the number entered in Row IV-D(1) of this table by the total payments made for sample cases in the stratum (Row VIII, Table I-A) and multiply the resulting value by 100.

Row

IV-E — Error Payments Resulting from Third Party Liability Errors

IV-E(1) — Number: For each stratum, sum the Card 12 Column 46-50 entries over all cases.

IV-E(2) — Percent: For each stratum, divide the number entered in Row IV-E(1) of this table by the total payments made for sample cases in the stratum (Row VIII, Table I-A) and multiply the resulting value by 100.

V — Dollar Amount of Liability Overstated for All Cases

For all cases in the stratum, sum the Card 1 Column 65-69 entries with a 5 or 7 in Column 54 of Card 1.

VI — Dollar Amount of Liability Understated for All Cases

For all cases in the stratum, sum the Card 1 Column 65-69 entries with a 4 or 6 in Column 54 of Card 1.

TABLE I-B

Example - Item I-A

Type of State - 209b

MAO

I-A(1) Count the number of Review Schedules with a 1, 3, or 4 in Column 23 of Card 1 and non-zero entries in any of the following columns: 63-64 of Card 1, 47-51 of Card 6, and 49-53 of Card 7. Let this number be 25.

I-A(2) Divide the entry in Row I-A(1) under the MAO heading (i. e., 25) by the number of completed reviews entered under the MAO heading in Row IV of Table I-A which we will assume to be 200. Multiply the resulting value by 100 to yield 12.50%.

AFDC

I-A(1) Count the number of Review Schedules with a 2 in Column 23 of Card 1 and non-zero entries in any of the following columns: 63-64 of Card 1, 47-51 of Card 6, and 49-53 of Card 7. Let this number be 50.

I-A(2) Divide the entry in Row I-A(1) under the AFDC heading (i. e., 50) by the number of completed reviews entered under the AFDC heading in Row IV of Table I-A which we will assume to be 250. Multiply the resulting value by 100 to yield 20.00%.

SSI

Leave this Column blank since in a 209B State the SSI cases are included under the MAO stratum.

Total Using formula D of Section 4322:

$$R = \frac{\sum_{i=1}^{k} \frac{y_i}{z_i} N_i}{\sum_{i=1}^{k} N_i} \qquad (D)$$

and assuming that the average monthly caseload size entered in Row I of Table I-A is 1500 for MAO and 1000 for AFDC, substitute as follows:

- $\left[\frac{y_1}{z_1}\right] = 12.5\%$ $\left[\frac{y_2}{z_2}\right] = 20.0\%$
- $N_1 = 1500$
- $N_2 = 1000$

$$R = \frac{12.5 \times 1500 + 20.0 \times 1000}{1000 + 1500} = \frac{38750}{2500} = 15.50\%$$

TABLE I-B

Example - Row II-B

Type of State - State Determination/SSI Criteria

MAO

II-B(1) Count the number of Review Schedules with a 1, 3, or 4 in Column 23 of Card 1, a 2 in Column 54 of Card 1, and a non-zero entry in Columns 18-20 of Card 7. Let this number be 15.

II-B(2) Divide the entry in Row II-B(1) under the MAO heading (i.e., 15) by the number of completed reviews with claims entered under the MAO heading in Row VI of Table I-A, which we will assume to be 150. Multiply the resulting value by 100 to yield 10.00%.

AFDC

II-B(1) Count the number of Review Schedules with a 2 in Column 23 of Card 1, a 2 in Column 54 of Card 1, and a non-zero entry in Columns 18-20 of Card 7. Let this number be 25.

II-B(2) Divide the entry in Row II-B(1) under the AFDC heading (i.e., 25) by the number of completed reviews with claims entered under the AFDC heading in Row VI of Table I-A, which we will assume to be 200. Multiply the resulting value by 100 to yield 12.50%.

SSI

Leave this Column blank since in a State Determination/SSI Criteria State, the SSI cases are included in the MAO stratum.

Total

Using formula C of Section 4322:

$$R = \frac{\sum_{i=1}^{k} \frac{N_i}{n_i} y_i}{\sum_{i=1}^{k} \frac{N_i}{n_i} z_i} \times 100 \qquad (C)$$

and assuming that the average monthly caseload size entered in Row I of Table I-A is 15,000 for MAO and 10,000 for AFDC, and that the number of completed reviews is 300 for MAO and 350 for AFDC, substitute as follows:

$y_1 = 15$ $\qquad$ $y_2 = 25$

$z_1 = 150$ $\qquad$ $z_2 = 200$

$n_1 = 300$ $\qquad$ $n_2 = 350$

$N_1 = 15{,}000$ $\qquad$ $N_2 = 10{,}000$

$$R = \frac{\frac{15{,}000}{300} \times 15 + \frac{10{,}000}{350} \times 25}{\frac{15{,}000}{300} \times 150 + \frac{10{,}000}{350} \times 200} \times 100$$

$$= \frac{750 + 714.285}{7500 + 5714.285} \times 100$$

$$= \frac{1464.285}{13214.285} \times 100 = 11.08\%$$

TABLE I-B

Example - Row III-B

Type of State - 209b

MAO

III-B(1) Sum the Card 12 Column 31-35 entries for all cases with a 1, 3, or 4 in Column 23 of Card 1. Let this number be 2000.

III-B(2) Divide the entry in Row III-B(1) under the MAO heading (i.e., 2000) by the total payments made for sample cases entered under the MAO heading in Row VIII of Table I-A which we will assume to be 80,000. Multiply the resulting value by 100 to yield 2.50%.

AFDC

III-B(1) Sum the Card 12 Column 31-35 entries for all cases with a 2 in Column 23 of Card 1. Let this number be 1800.

III-B(2) Divide the entry in Row III-B(1) under the AFDC heading (i.e., 1800) by the total payments made for sample cases entered under the AFDC heading in Row VIII of Table I-A which we will assume to be 75,000. Multiply the resulting value by 100 to yield 2.40%.

SSI

Leave this Column blank, since in a 209b State the SSI cases are included in the MAO stratum.

Total

Using formula B of Section 4321:

$$R = \frac{\sum_{i=1}^{k} \frac{y_i}{z_i} D_i}{\sum_{i=1}^{k} D_i} \qquad (B)$$

and assuming that the average monthly universe of Medicaid payments for all cases are $250,000 for MAO and $300,000 for AFDC, substitute as follows:

$$\frac{y_1}{z_1} = 2.50\% \qquad \frac{y_2}{z_2} = 2.40\%$$

$$D_1 = 250,000$$

$$D_2 = 300,000$$

$$R = \frac{2.5 \times 250,000 + 2.4 \times 300,000}{250,000 + 300,000}$$

$$= \frac{625,000 + 720,000}{550,000}$$

$$= \frac{1,345,000}{550,000}$$

$$= 2.45\%$$

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Table IIA

MEDICAID QUALITY CONTROL: Dollar Value of Eligibility/Liability Errors by Source of Error

State _____ Reporting Period ___ __ to _____

LIABILITY/ ELIGIBILITY ERROR	Stratum																		Total (% only)		
	MAO						AFDC						SSI								
	Ineligible cases		Liability understated		TOTAL		Ineligible cases		Liability understated		TOTAL		Ineligible cases		Liability understated		TOTAL		Ineligible cases	Liability understated	TOTAL
	Amt A	% B	Amt C	% D	Amt E	% F	Amt A	% B	Amt C	% D	Amt E	% F	Amt A	% B	Amt C	% D	Amt E	% F	G	H	I
I. DOLLAR AMOUNT OF AGENCY AND BENEFICIARY ERRORS		100%		100%		100%		100%		100%		100%		100%		100%		100%	100%	100%	100%
II. DOLLAR AMOUNT OF AGENCY ERRORS																					
A. Correct policy but incorrectly applied (10)																					
B. Wrong policy applied (20)																					
C. Failure to take indicated action																					
1. information disregarded or not applied (30)																					
2. follow-up on impending changes (40)																					
3. follow-up inconsistent or incomplete information (50)																					
4. verify where required by agency policy (60)																					
D. Reported information inaccurate (31)																					
E. Arithmetic computation (70)																					
III. DOLLAR AMOUNT OF BENEFICIARY ERRORS																					
A. Changes in circumstances not reported (01)																					
B. Information provided is not correct (02)																					
C. Information provided is incomplete (03)																					

This report is required by law (42 CFR 450.25(e)). Failure to report can result in a noncompliance determination.

TABLE II-A

General Instructions

Table II-A displays the dollar amount of liability understated and eligibility errors separately and in total by type of error. This table requires the data in Part VIII-A of the Review Schedule. Specifically it calls for the sets of Review Schedule data listed in the exhibit below.

Note that up to 5 errors can be listed in Part VIII-A of the Review Schedule so that up to 5 sets of data may be tabulated. The information for each error is contained in the specific card columns associated with it as are listed below:

Primary Eligibility/ Liability Error Number	Card	Card Column Set: Error Finding	Type	Dollar Amount
1	11	16	22-23	26-30
2	11	31	37-38	41-45
3	11	46	52-53	56-60
4	11	61	67-68	71-75
5	12	16	22-23	26-30

The stratum identification information found in Section II-H of the Review Schedule is also required for this Table. Refer to the general instructions for Tables I-VII presented in Section 4221 of this Manual for instructions on using these data for calculating the required statistics by stratum. The specific instructions for Table II-A that follow are not repeated for all strata, since there are no differences in how the statistics are calculated for the different strata. It is necessary that the statistics for a particular stratum be calculated from only those Review Schedules for cases in that stratum, as was explained in the general instructions for Tables I-VII.

States which substratify must weight substratum data in accordance with the rules specified in Section 4311 of this Manual.

All percent calculations for this table are to be shown to two decimal places (i.e. 8.69).

TABLE II-A

Specific Instructions

Column Heading Instructions

MAO-AFDC-SSI

Column

A — Ineligible Cases - Amount. For all entries with a 1 in the error finding column set, and the related error type entry(ies) that are required according to the row heading instructions below, sum the entries for the dollar amounts for all completed Review Schedules in the stratum and enter that value into the appropriate row of this column.

B — Ineligible Cases - %. For each stratum, divide the Column "A" entry for the row by the total dollar amount of "ineligibility" agency and beneficiary errors (i.e., the entry in Row I Column A of this table) and multiply the resulting value by 100.

C — Case Liability Understated - Amount. For all entries with a 2 in the error finding card column set and the related error type entry(ies) in the error type card column set that are required according to the row heading instructions below, sum the contents of the entries for the dollar amounts for all completed Review Schedules in the stratum and enter that value into the appropriate row of this column.

D — Case Liability Understated - %. For each stratum divide the Column C entry for the row by the total dollar amount of "case liability understated" agency and beneficiary errors (i.e., the entry in Row I of Column C of this table), and multiply the resulting value by 100.

E — Total - Amount. Enter the row total of the entries in Columns A and C.

Column

F — Total - %. For each stratum, divide the Column E entry for the row by the total dollar amount of agency and beneficiary errors for all cases (i.e., the entry in Row I Column E , of this table) and multiply the resulting value by 100.

G — Apply the method for calculating overall weighted ratios described in Section 4321 of this Manual using Formula A as follows:

$$R = \frac{\sum_{i=1}^{k} \frac{D_i}{d_i} y_i}{\sum_{z=1}^{k} \frac{D_i}{d_i} z_i} \times 100 \qquad (A)$$

and make the following substitutions:

- for y_i substitute the Column A row value for stratum i.
- for z_i substitute the Column A Row I entry for stratum i.
- for D_i substitute the average monthly universe of Medicaid payments during the reporting period for all stratum i cases (i.e,, Row II, Table I-A).
- for d_i substitute the total payments made for stratum i sample cases reviewed (i.e., Row VIII, Table I-A).

Total - Percents Only

Column

H Apply the method for calculating overall weighted ratios described in Section 4321 of this Manual using formula A as follows:

$$R = \frac{\sum_{i=1}^{k} \frac{D_i}{d_i} y_i}{\sum_{i=1}^{k} \frac{D_i}{d_i} z_i} \times 100 \qquad (A)$$

and making the following substitutions:

- for y_i substitute the Column C row value for stratum i.
- for z_i substitute the Column C Row I entry for stratum i.
- for D_i substitute the average monthly universe of Medicaid payments made during the reporting period for stratum i cases (i.e., Row II, Table I-A).
- for d_i substitute the total payments made for stratum i sample cases reviewed (i.e., Row VIII, Table I-A).

I Apply the method for calculating overall weighted ratios described in Section 4321 of this Manual using formula A as follows:

$$R = \frac{\sum_{i=1}^{k} \frac{D_i}{d_i} y_i}{\sum_{i=1}^{k} \frac{D_i}{d_i} z_i} \times 100 \qquad (A)$$

and make the following substitutions:

Column

- for y_i substitute the Column E row value for stratum i.
- for z_i substitute the Column E, Row I entry for stratum i.
- for D_i substitute the average monthly universe of Medicaid payments made during the reporting period for stratum i cases (i.e., Row II, Table I-A).
- for d_i substitute the total payments made for stratum i sample cases reviewed (i.e., Row VIII, Table I-A).

Row Heading Instructions

Row

I — Dollar Amount of Agency and Beneficiary Errors for Sample Cases. For each stratum, calculate the entry according to the column heading instructions for error entries having a 10, 20, 30, 31, 40, 50, 60, 70, 01, 02, or 03 in the associated error type card column set.

II — Dollar Amount of Agency Errors for Sample Cases - Total. For each stratum, calculate the entry according to the column heading instructions for error entries having 10, 20, 30, 31, 40, 50, 60, or 70 in the associated error type card column set.

II-A — Correct Policy but Incorrectly Applied. For each stratum, calculate the entry according to the column heading instructions for error entries having a 10 in the associated error type card column set.

II-B — Wrong Policy Applied. For each stratum, calculate the entry according to the column heading instructions for error entries having a 20 in the associated error type card column set.

II-C — Failure to Take Indicated Action. For each stratum, calculate the entry according to the column heading instructions for error entries having a 30, 40, 50 or 60 in the associated error type card column set.

Row

II-C(1) Reported Information Disregarded or Not Applied. For each stratum, calculate the entry according to the column heading instructions for error entries having a 30 in the associated error type card column set.

II-C(2) Failure to Follow Up on Impending Changes. For each stratum, calculate the entry according to column heading instructions for error entries having a 40 in the associated error type card column set.

II-C(3) Failure to Follow Up on Inconsistent or Incomplete Information. For each stratum, calculate the entry according to column heading instructions for error entries having a 50 in the associated error type card column set.

II-C(4) Failure to Verify Where Required by Agency Policy. For each stratum, calculate the entry according to column heading instructions for error entries having a 60 in the associated error type card column set.

II-D Reported Information Inaccurate. For each stratum, calculate the entry according to the column heading instructions for error entries having a 31 in the associated error type card column set.

II-E Arithmetic Computation. For each stratum, calculate the entry according to the column heading instructions for error entries having a 70 in the associated error type card column set.

III Dollar Amount of Beneficiary Errors for Sample Cases - Total. For each stratum, calculate the entry according to column heading instructions for error entries having a 01, 02, or 03 in the associated error type card column set.

III-A Changes in Circumstances Not Reported. For each stratum, calculate the entry according to the column heading instructions for error entries having a 01 in the associated error type card column set.

III-B Information Provided is Incorrect. For each stratum, calculate the entry according to the column heading instructions for error entries having a 02 in the associated error type card column set.

Row

III-C Information Provided is Incomplete. For each stratum, calculate the entry according to the Column heading instructions for error entries having a 03 in the associated error type card column set.

TABLE II-A

Example - Item II

Type of State - State Determination/SSI Criteria

MAO

A — Ineligible Cases - Amount. For all Review Schedules with a 1, 3, or 4 in Column 23 of Card 1 sum the amounts in the dollar amount column set of any error entry having a 1 coded in the error finding card column set and a 10, 20, 30, 31, 40, 50, 60 or 70 in the error type card column set. Let this value be 20.

B — Ineligible Cases - Percent. Divide the Column A row entry (i.e., 20) by the Column A entry in Row I of this Table which we will assume to be 30 in this example. Multiply the resulting value by 100 to yield 66.67%.

C — Liability Understated - Amount. For all Review Schedules with a 1, 3, or 4 in Column 23 of Card 1 sum the amounts in the dollar amount column set of any error entry having a 2 coded in the error finding card column set and a 10, 20, 30, 31, 40, 50, 60, or 70 in the error type card column set. Let this value be 15.

D — Liability Understated - Percent. Divide the Column C row entry (i.e., 15) by the Column C entry in Row I of this Table which we will assume to be 40 for this example. Multiply the resulting value by 100 to yield 37.50%.

E — Total - Amount. Enter the sum of the row entries in columns A and C or; for this example, 35.

F — Total - Percent. Divide the Column E row entry (i.e., 35) by the Column E entry in Row I of this Table which would be 70 for this example. Multiply the resulting value by 100 to yield 50.00%.

AFDC

A — Ineligible Cases - Amount. For all Review Schedules with a 2 in Column 23 of Card 1 accumulate the amounts in the dollar amount column set of any error entry having a 1 coded in the error finding card column set and a 10, 20, 30, 31, 40, 50, 60 or 70 in the error type card column set. Let this value be 25.

B — Ineligible Cases - Percent. Divide the Column A row entry (i.e., 25) by the Column A entry in Row I of this Table which we will assume to be 45 for this example. Multiply the resulting value by 100 to yield 55.56%.

C — Liability Understated - Amount. For all Review Schedules with a 2 in Column 23 of Card 1 accumulate the amounts in the dollar amount column set of any error entry having a 2 coded in the error finding card column set and a 10, 20, 30, 31, 40, 50, 60, 70, in the error type card column set. Let this value be 18.

D — Liability Understated - Percent. Divide the Column C entry (i.e., 18) by the Column C entry in Row I of this Table, which we will assume to be 39 in this example. Multiply the resulting value by 100 to yield 46.15%.

E — Total -Amount. Enter the sum of the row entries in Columns A and C or for this example, 43.

F — Total - Percent. Divide the Column E entry (i.e., 43) by the Column E entry in Row I of this Table which would be 84 for this example. Multiply the resulting value by 100 to yield 51.19%.

SSI

Leave all columns under the SSI heading blank since in a State Determination/SSI Criteria State, the SSI population is included in the MAO stratum.

TOTAL - PERCENTS ONLY

Column

G Ineligible Cases. Using formula A of Section 4321:

$$R = \frac{\sum_{i=1}^{2} \frac{D_i}{d_i} y_i}{\sum_{i=1}^{2} \frac{D_i}{d_i} z_i} \times 100$$

and assuming that the average dollar universe and total sample payments for the MAO stratum are $2,000,000 and $150,000 respectively and for the AFDC stratum are $2,500,000 and $175,000 respectively, substitute as follows:

$y_1 = 20$ $\quad$ $y_2 = 25$

$z_1 = 30$ $\quad$ $z_2 = 45$

$d_1 = 150{,}000$ $\quad$ $d_2 = 175{,}000$

$D_1 = 2{,}000{,}000$ $\quad$ $D_2 = 2{,}500{,}000$

$$R = \frac{\frac{2{,}000{,}000}{150{,}000} \times 20 + \frac{2{,}500{,}000}{175{,}000} \times 25}{\frac{2{,}000{,}000}{150{,}000} \times 30 + \frac{2{,}500{,}000}{175{,}000} \times 45} \times 100$$

$$= \frac{266.67 + 357.14}{400 + 642.86} \times 100$$

$$= \frac{623.81}{1042.86} \times 100$$

$$= 59.82\%$$

Column

H

Liability Understated. Using formula A of Section 4321:

$$R = \frac{\sum_{i=1}^{2} \frac{D_i}{d_i} y_i}{\sum_{i=1}^{2} \frac{D_i}{d_i} z_i} \times 100$$

and assuming that the average dollar universe and total sample payments for the MAO and AFDC populations are as stated in the Column G example substitute as follows:

$y_1 = 15$ $\quad$ $y_2 = 18$

$z_1 = 40$ $\quad$ $z_2 = 39$

$d_1 = 150{,}000$ $\quad$ $d_2 = 175{,}000$

$D_1 = 2{,}000{,}000$ $\quad$ $D_2 = 2{,}500{,}000$

$$R = \frac{\frac{2{,}000{,}000}{150{,}000} \times 15 + \frac{2{,}500{,}000}{175{,}000} \times 18}{\frac{2{,}000{,}000}{150{,}000} \times 40 + \frac{2{,}500{,}000}{175{,}000} \times 39} \times 100$$

$$R = \frac{200 + 257.14}{533.33 + 557.14} \times 100$$

$$R = \frac{457.14}{1090.47} \times 100$$

$$R = 41.92\%$$

Column

I Total using formula A of Section 4321:

$$R = \frac{\sum_{i=1}^{k} \frac{D_i}{d_i} y_i}{\sum_{i=1}^{k} \frac{D_i}{d_i} z_i} \times 100$$

and assuming that the average dollar universe and sample payment for the MAO and AFDC populations are as stated in the Column G examples, substitute as follows:

$y_1 = 35$ $\quad y_2 = 43$

$z_1 = 70$ $\quad z_2 = 84$

$d_1 = 150{,}000$ $\quad d_2 = 175{,}000$

$D_1 = 2{,}000{,}000$ $\quad D_2 = 2{,}500{,}000$

$$R = \frac{\frac{2{,}000{,}000}{150{,}000} \times 35 + \frac{2{,}500{,}000}{175{,}000} \times 43}{\frac{2{,}000{,}000}{150{,}000} \times 70 + \frac{2{,}500{,}000}{175{,}000} \times 84} \times 100$$

$$= \frac{466.67 + 614.29}{933.33 + 1{,}200.00} \times 100$$

$$= \frac{1{,}080.96}{2{,}133.33} \times 100$$

$$= 50.67\%$$

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Table IIB
MEDICAID QUALITY CONTROL: Dollar Value of TPL and CP Errors by Source of Error

State _____ Reporting Period _____ to _____

THIRD PARTY LIABILITY (TPL)/CLAIMS PROCESSING (CP) ERRORS	Stratum						Total Percent Only C
	MAO		AFDC		SSI		
	Amount A	Percent B	Amount A	Percent B	Amount A	Percent B	
I. DOLLAR AMOUNT OF TPL ERRORS		100%		100%		100%	100%
A. Failure of certifying agency to identify TPL							
B. Failure of beneficiary to inform about potential TPL							
C. Failure of claims process screening for TPL							
D. Failure of state to pursue or investigate TPL leads							
II. DOLLAR AMOUNT OF CP ERRORS		100%		100%		100%	100%
A. Completeness of of claims (710)							
B. Inpatient hospital services (720)							
C. Physician services (730)							
D. Long term care (740)							
E. Pharmacy services (750)							
F. EPSDT services (760)							
G. Other services (770)							

This report is required by law (42 CFR 450.25(e)).
Failure to report can result in a noncompliance determination.

TABLE II-B

GENERAL INSTRUCTIONS

Table II-B displays the gross dollar amount of Third Party Liability (TPL) error by source of error and Claims Processing (CP) errors by element of error. The source of the data for TPL errors (Item I of the table) is Part VI-H of the Review Schedule. The source of the data for CP errors is Part VII-H of the Review Schedule.

The stratum identification information found in Part II-H of the Review Schedule is also required for this table. Refer to the general instructions for Tables I-VII presented in Section 4221 of this Manual for instructions on using these data for calculating the required statistics by stratum. The specific instructions for Table II-B that follow are not repeated for all strata, since there are no differences in how the statistics are calculated for the different strata. It is necessary that the statistics for a particular stratum be calculated from only those Review Schedules for cases in that stratum, as was explained in the general instructions for Tables I-VII.

It should be noted that States which substratify their samples must weight substratum data in accordance with the rules specified in Section 4311 of this Manual.

All percent calculations for this table are to be shown to two decimal places (i.e., 2.06).

TABLE II-B

SPECIFIC INSTRUCTIONS

COLUMN HEADING INSTRUCTIONS

MAO-AFDC-SSI

Column

A Amount: For all completed stratum reviews, enter the sum of the contents of the card column set(s) specified in the row heading instructions that follow.

B Percent: For Rows I-A through I-D, divide the Column A entry by the entry in Row I, Column A and multiply the resulting value by 100. For Rows II-A through II-G divide the Column A entry by the entry in Row II, Column A and multiply the resulting value by 100.

C Apply the method for calculating overall weighted ratios described in Section 4321 of this Manual using formula A as follows:

$$R = \frac{\sum_{i=1}^{k} \frac{D_i}{d_i} y_i}{\sum_{i=1}^{k} \frac{D_i}{d_i} z_i} \times 100 \qquad (A)$$

and making the follow substitutions:

for y_i, substitute the Column A Row value for stratum i.

for z_i, substitute the stratum i Column A Row I entry for Rows I-A through I-D or the stratum i Column A Row II entry for Rows II-A through II-G.

for D_i substitute the average monthly universe of Medicaid payments made during the reporting period for stratum i cases (i.e., Row II, Table I-A).

for d_i, substitute the total payments made for stratum i sample cases for reporting period services (i.e., Row VIII Table I-A).

Enter the resulting values into the appropriate rows of this column.

Row Heading Instructions - Amounts Only

Row

I Dollar Amount of TPL Errors (Total). Sum all stratum entries in column sets 18-22, 25-29, 32-36, and 39-43 of Card 6.

I-A Failure of the State to Identify TPL During Eligibility Determination or Redetermination. Sum all stratum entries in column set 18-22 of Card 6.

I-B Failure of Beneficiary to Inform Medicaid of Potential Third Party Liability. Sum all stratum entries in column set 25-29 of Card 6.

I-C Failure of Medicaid Claims Process Screening for TPL. Sum all stratum entries in column set 32-36 of card 6.

I-D Failure of the State to Investigate or Adequately Pursue Available TPL Leads. Sum all stratum entries in column set 39-43 of Card 6.

II Dollar Amount of Claims Processing Errors (Total). Sum all stratum entries in column sets 74-78 of Card 7, 36-40 and 61-65 of Card 8, 36-40 and 61-65 of Card 9, and 36-40 and 61-65 of Card 10.

II-A Completeness of Claims (710). Sum all stratum entries in column set 74-78 of Card 7.

II-B Inpatient Hospital Services (720). Sum all stratum entries in column set 36-40 of Card 8.

II-C Physician Services (730). Sum all stratum entries in column set 61-65 of Card 8.

II-D Long Term Care (740). Sum all stratum entries in column 36-40 of Card 9.

II-E Pharmacy Services (750). Sum all stratum entries in column set 61-65 of Card 9.

II-F EPSDT Services (760). Sum all stratum entries in column set 36-40 of Card 10.

II-G Other Services (770). Sum all stratum entries in column set 61-65 of Card 10.

TABLE II-B

Example - Item I-A

Type of State - 1634

MAO

A. Amount: Sum the entries in column set 18-22 of Card 6 for all review schedules with a 3 or 4 in column 23 of Card 1. Let the resultant sum be $1,000 for this example.

B. Percent: Divide the entry in column A of this row by the entry in column A of row I, (assume $10,000 for this example), multiply by 100, and round to two decimal places = 10.00%.

AFDC

A. Amount: Sum the entries in column set 18-22 of Card 6 for all review schedules with a 2 in column 23 of Card 1. Let the resultant sum be $800 for this example.

B. Percent: Divide the entry in column A of this row by the entry in column A of row I, (assume $8,000 for this example), multiply by 100, and round to two decimal places = 10.00%.

SSI

A. Amount: Sum the entries in column set 18-22 of Card 6 for all review schedules with a 1 in column 23 of Card 1. Let the resultant sum be $525 for this example.

B. Percent: Divide the entry in column A of this row by the entry in column A of row 1 (assume $7,000 for this example), multiply by 100 and round to two decimal places = 7.50%.

TOTAL - PERCENT ONLY

Using Formula A of Section 4321:

$$R = \frac{\sum_{i=1}^{k} \frac{D_i}{d_i} y_i}{\sum_{i=1}^{k} \frac{D_i}{d_i} z_i}$$

and assuming that the average monthly universe of dollars paid during the reporting period are $800,000 for the MAO stratum, $600,000 for the AFDC stratum and $1,000,000 for the SSI stratum and that the total payments for sample cases reviewed were 75,000, 80,000 and 90,000 for the MAO, AFDC and SSI strata respectively, substitute as follows:

- $y_1 = 1000$ $y_2 = 800$ $y_3 = 525$
- $z_1 = 10{,}000$ $z_2 = 8000$ $z_3 = 7000$
- $D_1 = 800{,}000$ $D_2 = 600{,}000$ $D_3 = 1{,}000{,}000$
- $d_1 = 75{,}000$ $d_2 = 80{,}000$ $d_3 = 90{,}000$

$$R = \frac{\frac{800{,}000}{75{,}000} \times 1{,}000 + \frac{600{,}000}{80{,}000} \times 800 + \frac{1{,}000{,}000}{90{,}000} \times 525}{\frac{800{,}000}{75{,}000} \times 10{,}000 + \frac{600{,}000}{80{,}000} \times 8{,}000 + \frac{1{,}000{,}000}{90{,}000} \times 7{,}000} \times 100$$

$$= \frac{10{,}666.666 + 6{,}000 + 5{,}833.333}{106{,}666.666 + 60{,}000 + 77{,}777.777} \times 100$$

$$= \frac{22{,}499.999}{244{,}444.443} \times 100$$

$$= 9.20\%$$

Table III
MEDICAID QUALITY CONTROL: Number of Cases by Type of Error Combination

State _____ Reporting Period _____ to _____

ERROR COMBINATIONS	Stratum						Total Percent Only
	MAO		AFDC		SSI		
	Number A	Percent B	Number A	Percent B	Number A	Percent B	C
A. Total number of completed case reviews		100%		100%		100%	100%
B. No errors							
C. Eligibility* errors only							
D. Liability errors only							
E. TPL errors only							
F. CP errors only							
G. Eligibility* and liability errors only							
H. Eligibility* and CP errors only							
I. Eligibility* and TPL errors only							
J. Liability and CP errors only							
K. Liability and TPL errors only							
L. CP and TPL errors only							
M. Eligibility,* liability, and CP errors only							
N. Eligibility*, liability, and TPL errors only							
O. Liability, CP, and TPL errors only							
P. Cases with eligibility*, CP, and TPL errors only							
Q. Eligibility*, liability, CP, and TPL errors							

* For this table, eligibility errors include ineligible cases and also eligible cases with ineligible members.

This report is required by law (42 CFR 450.25(e)).
Failure to report can result in a noncompliance determination.

TABLE III

General Instructions

Table III displays a distribution of all cases by the various combinations of eligibility, liability, TPL and Claims Processing errors. The data for this table are obtained from the following sections of the Review Schedule.

- Total Sample Cases - Section IV-O
- Eligibility Errors - Section IV-Q
- Liability Errors - Section IV-Q
- Claims Processing Errors - Section VII-G
- Third Party Liability Errors - Section VI-J

The stratum identification information found in Section II-H of the Review Schedule is also required for this table. Refer to the general instructions for Tables I-VII presented in Section 4221 of this Manual for instructions on using these data for calculating the required statistics by stratum. The specific instructions for Table III that follow are not repeated for all strata, since there are no differences in how the statistics are calculated for the different strata. It is necessary that the statistics for a particular stratum be calculated from only those Review Schedules for cases in that stratum, as was explained in the general instructions for Tables I-VII.

Note again that States which substratify must weight substratum data in accordance with the rules specified in Section 4312 of this Manual.

All percent calculations for this table are to be shown to two decimal places (e.g., 6.17).

TABLE III

Specific Instructions

Column Heading Instructions

MAO-AFDC-SSI

Column

A Number: Enter the statistic called for by the row heading as calculated according to the row instructions that follow. Repeat these calculations independently for all completed case reviews in each stratum as specified in the general instructions for Tables I-VII presented earlier in Section 4221.

B Percent: Divide the Column A entry for the row by the total number of completed reviews (i.e., the entry in Row A Column A of this table), and multiply the resulting value by 100.

Total - Percent Only

C Apply the method for calculating overall weighted ratios described in Section 4322 of this Manual using formula D as follows:

$$R = \frac{\sum_{i=1}^{k} \frac{y_i}{z_i} N_i}{\sum_{i=1}^{k} N_i} \qquad (D)$$

and making the following substitutions:

- for $\frac{y_i}{z_i}$ substitute the Column B row value for stratum i.
- for N_i substitute the average monthly caseload size for stratum i (i.e., Row I, Table I-A).

Enter the resulting values into the appropriate rows of this column.

Row Heading Instructions - For Number Only

Row

A Total Number of Completed Case Reviews. For each stratum count the number of Review Schedules with a 1 in Column 51 of Card 1.

B Cases with No Errors. For each stratum, count the number of Review Schedules with a 1 in Column 54 of Card 1 and zero entries in Columns: 47-51 of Card 6, and 49-53 of Card 7.

C Cases with Eligibility Errors Only. For each stratum count the number of Review Schedules with a 2 or 3 in Column 54 of Card 1 and zero entries in Columns: 47-51 of Card 6 and 49-53 of Card 7.

D Cases with Liability Errors Only. For each stratum count the number of Review Schedules with a 4 or 5 in Column 54 of Card 1 and zero entries in Columns: 47-51 of Card 6 and 49-53 of Card 7.

E Cases with TPL Errors Only. For each stratum count the number of Review Schedules with a 1 in Column 54 of Card 1, a non-zero entry in Column 47-51 of Card 6 and a zero entry in Columns 49-53 of Card 7.

F Cases with CP Errors Only. For each stratum count the number of Review Schedules with a 1 in Column 54 of Card 1, a zero entry in Columns 47-51 of Card 6 and a non-zero entry in Columns 49-53 of Card 7.

G Cases with Eligibility and Liability Errors Only. For each stratum count the number of Review Schedules with a 6 or 7 in Column 54 of Card 1 and zero entries in Columns: 47-51 of Card 6 and 49-53 of Card 7.

H Cases with Eligibility and CP Errors Only. For each stratum count the number of Review Schedules with a 2 or 3 in Column 54 of Card 1, a zero entry in Columns 47-51 of Card 6 and a non-zero entry in Columns 49-53 of Card 7.

Row

I Cases with Eligibility and TPL Errors Only. For each stratum count the number of Review Schedules with a 2 or 3 in Column 54 of Card 1, a non-zero entry in Columns 47-51 of Card 6, and a zero entry in Columns 49-53 of Card 7.

J Cases with Liability and CP Errors Only. For each stratum count the number of Review Schedules with a 4 or 5 in Column 54 of Card 1, a zero entry in Columns 47-51 of Card 6, and a non-zero entry in Columns 49-53 of Card 7.

K Cases with Liability and TPL Errors Only. For each stratum count the number of Review Schedules with a 4 or 5 in Column 54 of Card 1, a non-zero entry in Columns 47-51 of Card 6, and a zero entry in Columns 49-53 of Card 7.

L Cases with CP and TPL Errors Only. For each stratum count the number of Review Schedules with a 1 in Column 54 of Card 1, and non-zero entries in Columns: 47-51 of Card 6 and 49-53 of Card 7.

M Cases with Eligibility, Liability, and CP Errors Only. For each stratum count the number of Review Schedules with a 6 or 7 in Column 54 of Card 1, a zero entry in Columns 47-51 of Card 6, and a non-zero entry in Columns 49-53 of Card 7.

N Cases with Eligibility, Liability, and TPL Errors Only. For each stratum count the number of Review Schedules with a 6 or 7 in Column 54 of Card 1, a non-zero entry in Columns 47-51 of Card 6, and a zero entry in Columns 49-53 of Card 7.

O Cases with Liability, CP, and TPL Errors Only. For each stratum count the number of Review Schedules with a 4 or 5 in Column 54 of Card 1 and non-zero entries in Columns 47-51 of Card 6 and 49-53 of Card 7.

P Cases with Eligibility, CP, and TPL Errors Only. For each stratum count the number of Review Schedules with a 2 or 3 in Column 54 of Card 1, and non-zero entries in Columns 47-51 of Card 6 and Columns 49-53 of Card 7.

Row

Q Cases with Eligibility, Liability, CP, and TPL Errors. For each stratum count the number of Review Schedules with a 6 or 7 in Column 54 of Card 1, and non-zero entries in Columns 47-51 of Card 6 and 49-53 of Card 7.

TABLE III

Example - Item G

Type of State - 209b

MAO

A Number: Count the number of Review Schedules with a 1, 3, or 4 in Column 23 of Card 1; a 6 or 7 in Column 54 of Card 1; and zero entries in Columns 47-51 of Card 6 and 49-53 of Card 7. Let the resultant count be 25 for this example.

B Percent: Divide the entry in Column A of this row by the entry in Column A of Row A (assume 300 for this example). Multiply this value by 100 and round to two decimal places. The value is 8.33% for this example.

AFDC

A Number: Count the number of Review Schedules with a 2 in Column 23 of Card 1; a 6 or 7 in Column 54 of Card 1; and zero entries in Columns 47-51 of Card 6 and 49-53 of Card 7. Let the resultant count be 40 for this example.

B Percent: Divide the entry in Column A of this row by the entry in Column A of Row A (assume 525 for this example). Multiply this value by 100 and round to two decimal places. The value is 7.62% for this example.

SSI

Since this is a 209b State leave the SSI columns blank. The SSI population is included under the MAO stratum.

Total - Percent Only

Using formula D of Section 4322

$$R = \frac{\sum_{i=1}^{k} \frac{y_i}{z_i} N_i}{\sum_{i=1}^{k} N_i} \qquad (D)$$

and assuming that the average monthly caseload size is 5,000 for the MAO stratum and 3,000 for the AFDC population, substitute as follows:

- $\frac{y_1}{z_1} = 8.33$ $\quad \frac{y_2}{z_2} = 7.62$

- $N_1 = 5000$ $\quad N_2 = 3000$

$$R = \frac{8.33 \times 5000 + 7.62 \times 3{,}000}{5000 + 3000}$$

$$= \frac{41650.0 + 22860.0}{8000}$$

$$= \frac{64{,}510}{8000}$$

$$= 8.06\%$$

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Health Care Financing Administration

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Table IVA

MEDICAID QUALITY CONTROL: Number of Cases with Eligiblity/Liability Errors by Element of Error

State _____ Reporting Period _____ To _____

PROGRAM AREAS AND ELEMENTS OF ELIGIBILITY DETERMINATION	Stratum						Total Percent Only C
	MAO		AFDC		SSI		
	Number A	Percent B	Number A	Percent B	Number A	Percent B	
I. ALL CASES WITH ELIGIBILITY/ LIABILITY ERRORS		100%		100%		100%	100%
II. ALL CASES WITH BASIC REQUIREMENT ERRORS							
A. Age (110)							
B. Citizenship/alienage (120)							
C. Residency (130)							
D. Living arrangements (140)							
E. Deprivation (151-154)							
F. Blindness/disability determination (160)							
G. Marital status (170)							
H. Other categorical relationship requirement (180)							
III. ALL CASES WITH RESOURCE ERRORS							
A. Real property (210)							
B. Liquid assets (221-224)							
C. Life insurance (230)							
D. Medical insurance (240)							
E. Other personal property (250)							
F. Disposal of property (260)							
IV. ALL CASES WITH INCOME ERRORS							
A. Earned income (310)							
B. RSDI benefits (320)							
C. Other government program benefits (331-336)							
D. Pensions or other benefits (340)							
E. Support payments (350)							
F. Income—in-kind or deemed (360)							
G. Other income (370)							

This report is required by law (42 CFR 450.25(e)).
Failure to report can result in a noncompliance determination.

Table IVA

MEDICAID QUALITY CONTROL: Number of Cases with Eligibility/Liability Errors by Element of Error

State _____ Reporting Period _____ to _____

PROGRAM AREAS AND ELEMENTS OF ELIGIBILITY DETERMINATION	Stratum						Total Percent Only
	MAO		AFDC		SSI		
	Number A	Percent B	Number A	Percent B	Number A	Percent B	C
V. ALL CASES WITH COMPUTATION OF FINANCIAL ELIGIBILITY ERRORS							
A. Computation of gross income (410)							
B. Deductions/countable income (420)							
C. Arithmetic computation (430)							
D. Beneficiary liability determination (440)							
VI. ALL CASES WITH OTHER MEDICAID COVERAGE REQUIREMENT ERRORS							
A. AFDC related budgetary allowance (510)							
B. AFDC special needs (521-525)							
C. Grandfathered coverage provisions (530)							
D. Other state MEDICAID criteria (540)							

This report is required by law (42 CFR 450.25(e)).
Failure to report can result in a noncompliance determination.

TABLE IV-A

General Instructions

Table IV-A displays the number of sample cases (with or without claims) by element of liability or eligibility errors as well as the percent distribution of these errors. The source of all the entries in this table is Section IV-T of the Review Schedule. The specific codes for each error element are noted next to the row heading descriptions on the table.

In evaluating the entries for Table IV-A, the number of Review Schedules having the specified element code in one or more of the following column sets will be counted:

Element Code Column Set	Card
16-18	2
30-32	2
44-46	2
58-60	2
16-18	3

The stratum identification information found in Section II-H of the Review Schedule is also required for this table. Refer to the general instructions for Tables I-VII presented in Section 4221 of this Manual for instructions on using these data for calculating the required statistics by stratum. The specific instructions for Table IV-A that follow are not repeated for all strata, since there are no differences in how the statistics for each particular stratum are calculated. It is necessary that the statistics for a particular stratum be calculated from only those Review Schedules for cases in that stratum, as was explained in the general instructions for Tables I-VII.

Again, note that States which substratify must weight substratum data in accordance with the rules specified in Section 4312 of the Manual.

All percent calculations for this table are to be shown two decimal places (e. g., 13.01).

TABLE IV-A

Specific Instructions

Column Heading Instructions

MAO-AFDC-SSI

Column

A Cases with Errors - Number: Enter the statistic called for by the row heading. Repeat these calculations independently for completed case reviews in each stratum, as specified in the general instructions for Tables I-VII presented in Section 4221 of this Manual. Make the appropriate entry for each stratum.

B Cases with Errors - %: Divide the Column A entry for the row by the total number of cases with one or more eligibility or liability errors of any type, (i.e., the entry in Row I, Column A of this table), and multiply the resulting value by 100.

Total - Percent Only

C Apply the method for calculating overall weighted ratios described in Section 4322 of this Manual using formula C as follows:

$$R = \frac{\sum_{i=1}^{k} \frac{N_i}{n_i} y_i}{\sum_{i=1}^{k} \frac{N_i}{n_i} z_i} \times 100 \qquad (C)$$

and making the following substitutions:

- for y_i, substitute the Column A row value for stratum i.
- for z_i, substitute the Column A Row I entry for stratum i.

- for N_i substitute the average monthly caseload size for stratum i (i.e., Row I, Table I-A).
- for n_i substitute the number of completed case reviews for stratum i (i. e., Row IV, Table I-A).

Enter the resulting values into the appropriate rows of this column.

Row Heading Instructions

Row	
I	All Cases: For each stratum count the number of Review Schedules with a 2, 3, 4, 5, 6, or 7 in Column 54 of Card 1.
II	All Cases with Basic Requirement Errors. For each stratum count the number of Review Schedules with at least one entry in the element code card column set that is between 100 and 199.
II-A	Age. For each stratum, count the number of Review Schedules with one or more 110 entries in the element code card column set.
II-B	Citizenship/Alienage. For each stratum count the number of Review Schedules with one or more 120 entries in the element code card column set.
II-C	Residency. For each stratum count the number of Review Schedules with one or more 130 entries in the element code card column set.
II-D	Living Arrangements. For each stratum count the number of Review Schedules with one or more 140 entries in the element code card column set.
II-E	Deprivation. For each stratum count the number of Review Schedules with at least one entry in the element code card column set that is between 150 and 159.
II-F	Blindness/Disability Determination. For each stratum count the number of Review Schedules with one or more 160 entries in the element code card column set.

Row

II-G Marital Status. For each stratum count the number of Review Schedules with one or more 170 entries in the element code card column set.

II-H Other Categorical Relationship Requirements. For each stratum count the number of Review Schedules with one or more 180 entries in the element code card column set.

III All Cases with Resource Errors. For each stratum count the number of Review Schedules with at least one entry in the element code card column set that is between 200 and 299.

III-A Real Property. For each stratum count the number of Review Schedules with one or more 210 entries in the element code card column set.

III-B Liquid Assets. For each stratum count the number of Review Schedules with at least one entry in the element code card column set that is between 220 and 225.

III-C Life Insurance. For each stratum count the number of Review Schedules with one or more 230 entries in the element code card column set.

III-D Medical Insurance. For each stratum count the number of Review Schedules with one or more 240 entries in the element code card column set.

III-E Other Personal Property. For each stratum count the number of Review Schedules with one or more 250 entries in the element code card column set.

III-F Disposal of Property. For each stratum count the number of Review Schedules with one or more 260 entries in the element code card column set.

IV All Cases with Income Errors. For each stratum count the number of Review Schedules with at least one entry in the element code card column set that is between 300 and 399.

IV-A Earned Income. For each stratum count the number

Row

of Review Schedules with one or more 310 entries in the element code card column set.

IV-B RSDI Benefits. For each stratum count the number of Review Schedules with one or more 320 entries in the element code card column set.

IV-C Other Government Program Benefits. For each stratum count the number of Review Schedules with at least one entry in the element code card column set that is between 330 and 339.

IV-D Pensions and Other Benefits. For each stratum count the number of Review Schedules with one or more 340 entries in the element code card column set.

IV-E Support Payments. For each stratum count the number of Review Schedules with one or more 350 entries in the element code card column set.

IV-F Income - In Kind or Deemed. For each stratum count the number of Review Schedules with one or more 360 entries in the element code card column set.

IV-G Other Income. For each stratum count the number of Review Schedules with one or more 370 entries in the element code card column set.

V All Cases with Computation of Financial Eligibility Errors. For each stratum count the number of Review Schedules with at least one entry in the element code card column set that is between 400 and 499.

V-A Computation of Gross Income. For each stratum count the number of Review Schedules with one or more 410 entries in the element code card column set.

V-B Deductions/Countable Income. For each stratum count the number of Review Schedules with one or more 420 entries in the element code card column set.

V-C Arithmetic Computation. For each stratum count the number of Review Schedules with one or more 430 entries in the element code card column set.

Row

V-D Beneficiary Liability Determination. For each stratum count the number of Review Schedules with one or more 440 entries in the element code card column set.

VI All Cases with Other Medicaid Coverage Requirement Errors. For each stratum count the number of Review Schedules with at least one entry in the element code card column set that is between 500 and 599.

VI-A AFDC Related Budgetary Allowance. For each stratum count the number of Review Schedules with one or more 510 entries in the element code card column set.

VI-B AFDC Special Needs. For each stratum count the number of Review Schedules with at least one entry in the element code card column set that is between 520 and 529.

VI-C Grandfathered Coverage Provisions. For each stratum count the number of Review Schedules with one or more 530 entries in the element code card column set.

VI-D Other State Medicaid Criteria. For each stratum count the number of Review Schedules with one or more 540 entries in the element code card column set.

TABLE IV-A

Example - Item II-A

Type of State - State Determination/SSI Criteria

MAO

A — Number: Count the number of Review Schedules having a 1, 3, or 4 in Column 23 of Card 1 and one or more 110 entries in the element code card column set. For this example assume this count to be 15.

B — Percent: Divide the Column A entry for this row by the Column A entry for Row I (for this example let the value be 78). Multiply this value by 100 and round to two decimal places. For this example the resultant value is 19.23%.

AFDC

A — Number: Count the number of Review Schedules having a 2 in Column 23 of Card 1 and one or more 110 entries in the element code card column set. For this example assume this count to be 23.

B — Percent: Divide the Column A entry for this row by the Column A entry for Row I (for this example let that value be 69). Multiply this value by 100 and round to two decimal places. For this example the resultant value is 33.33%.

SSI

Since this is a SSI Criteria State and the SSI population is included in the MAO stratum, leave the SSI column blank.

Total - Percent Only

Using formula C of Section 4322:

$$R = \frac{\sum_{i=1}^{k} \frac{N_i}{n_i} y_i}{\sum_{i=1}^{k} \frac{N_i}{n_i} z_i} \times 100 \qquad (C)$$

and assuming that the average monthly caseload size is 50,000 for the MAO stratum and 30,000 for the AFDC stratum and that the number of completed case reviews are 500 and 600 for the MAO and AFDC strata respectively, substitute as follows:

$y_1 = 15$ $\quad y_2 = 23$

$z_1 = 78$ $\quad z_2 = 69$

$N_1 = 50{,}000$ $\quad N_2 = 30{,}000$

$n_1 = 500$ $\quad n_2 = 600$

$$R = \frac{\frac{50,000}{500} \times 15 + \frac{30,000}{600} \times 23}{\frac{50,000}{500} \times 78 + \frac{30,000}{600} \times 69} \times 100$$

$$= \frac{1,500 + 1,150}{7,800 + 3,450} \times 100$$

$$= \frac{2,650}{11,250} \times 100$$

$$= 23.56\%$$

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Table IVB

MEDICAID QUALITY CONTROL: Dollar Amount of Eligibility/Liability Errors by Element of Error

State _____ _____ Reporting Period _____ to _____

PROGRAM AREAS AND ELEMENTS OF ELIGIBILITY DETERMINATION	Stratum						Total Percent Only C
	MAO		AFDC		SSI		
	Amount A	Percent B	Amount A	Percent B	Amount A	Percent B	
I. ALL CASES WITH ELIGIBILITY/ LIABILITY ERRORS		100%		100%		100%	100%
II. ALL CASES WITH BASIC REQUIREMENT ERRORS							
A. Age (110)							
B. Citizenship/alienage (120)							
C. Residency (130)							
D. Living arrangements (140)							
E. Deprivation (151-154)							
F. Blindness/disability determination (160)							
G. Marital status (170)							
H. Other categorical relationship requirement (180)							
III. ALL CASES WITH RESOURCE ERRORS							
A. Real property (210)							
B. Liquid assets (221-224)							
C. Life insurance (230)							
D. Medical insurance (240)							
E. Other personal property (250)							
F. Disposal of property (260)							
IV. ALL CASES WITH INCOME ERRORS							
A. Earned income (310)							
B. RSDI benefits (320)							
C. Other government program benefits (331-336)							
D. Pensions or other benefits (340)							
E. Support payments (350)							
F. Income-in-kind or deemed (360)							
G. Other income (370)							

This report is required by law (42 CFR 450.25(e)).
Failure to report can result in a noncompliance determination.

Table IVB
MEDICAID QUALITY CONTROL: Dollar Amount of Eligibility/Liability Errors by Element of Error

State _____ Reporting Period _____ to _____

PROGRAM AREAS AND ELEMENTS OF ELIGIBILITY DETERMINATION	Stratum						Total Percent Only C
	MAO		AFDC		SSI		
	Amount A	Percent B	Amount A	Percent B	Amount A	Percent B	
V. ALL CASES WITH COMPUTATION OF FINANCIAL ELIGIBILITY ERRORS							
A. Computation of gross income (410)							
B. Deductions/countable income (420)							
C. Arithmetic computation (430)							
D. Beneficiary liability determination (440)							
VI. ALL CASES WITH OTHER MEDICAID COVERAGE REQUIREMENT ERRORS							
A. AFDC related budgetary allowance (510)							
B. AFDC special needs (521-525)							
C. Grandfathered coverage provisions (530)							
D. Other state MEDICAID criteria (540)							

This report is required by law (42 CFR 450.25(e)).
Failure to report can result in a noncompliance determination.

Table IV-B

General Instructions

Table IV-B displays the dollar amount of eligibility/ liability errors by element of error, as well as the percent distribution of these dollar errors. The source of all the entries in this table is Section VIII-A of the Review Schedule. The specific codes for each element are noted next to the row heading descriptions on the table.

In evaluating the entries for Table IV-B, the data available from the following column sets of the Review Scehdule are required:

		Card Column Set	
Error Number	Card	Element Code	Dollar Amount
1	11	17-19	26-30
2	11	32-34	41-45
3	11	47-49	56-60
4	11	62-64	71-75
5	12	17-19	26-30

Each set of data defined in the above exhibit provides information on the types of eligibility or liability errors that are being made and the dollar amounts of those errors. Associated with each error entry are an element code, and dollar amount for the error. The card column sets that contain the element code and those that contain the related dollar amount for that element code are referenced throughout the instructions.

The stratum identification information found in Section II-H of the Review Schedule is also required for this table. Refer to the general instructions for Tables I-VII, presented in Section 4221 of this Manual for instructions on using these data for calculating the required statistics by stratum. The specific instructions for Table IV-B that follow are not repeated for all strata, since there are no differences in how the statistics are calculated for the different strata. It is necessary that

the statistics for a particular stratum be calculated from only those Review Schedules for cases in that stratum, as was explained in the general instructions for Tables I-VII.

Note again that States which substratify must weight substratum data in accordance with the rules specified in Section 4311 of this Manual. All percent calculations for this table are to be shown to two decimal places (e.g., 1.05).

TABLE IV-B

Specific Instructions

Column Heading Instructions

MAO-AFDC-SSI

Column

A Dollar Error - Amount. For all entries in the element code card column set that contain the code specified in the row heading instruction, sum over all stratum cases the entries in the corresponding dollar amount column set for error sets containing that code. Repeat these calculations independently for completed case reviews in each stratum as specified in the general instructions for Tables I-VII, presented in Section 4221 of this Manual. Make the appropriate entry for each stratum.

B Dollar Error - %. Divide the Column A entry for the row by the total dollar amount of eligibility or liability errors for cases with one or more eligibility or liability errors of any type, for the stratum (i. e., the entry in Row I, Column A of this table), and multiply the resulting value by 100.

Total - Percent Only

C Apply the method for calculating overall weighted ratios described in Section 4321 of this Manual using formula A as follows:

$$R = \frac{\sum_{i=1}^{k} \frac{D_i}{d_i} y_i}{\sum_{i=1}^{k} \frac{D_i}{d_i} z_i} \times 100 \qquad (A)$$

and making the following substitutions:

- for y_i substitute the Column A row value for stratum i.

- for z_i substitute the Column A, Row I entry for stratum i.
- for D_i substitute the average monthly universe of Medicaid payments made during the reporting period for stratum i cases (i.e., Row II, Table I-A).
- for d_i substitute the total payments made for stratum i cases reviewed for reporting period services (i.e., Row VIII, Table I-A).

Row Heading Instructions

Row

I All Cases. For each stratum calculate the table entry according to the column heading instructions for all entries in the element code card column set.

II All Cases with Basic Requirement Errors. For each stratum calculate the table entry according to the column heading instructions for all element code card column set entries that are between 100 and 199.

II-A Age. For each stratum calculate the table entry according to the column heading instructions for all element code card column set entries that are 110.

II-B Citizenship/Alienage. For each stratum calculate the table entry according to the column heading instructions for all element code card column set entries that are 120.

II-C Residency. For each stratum calculate the table entry according to the column heading instructions for all element code card column set entries that are 130.

II-D Living Arrangements. For each stratum calculate the table entry according to the column heading instructions for all element code card column set entries that are 140.

Row

II-E Deprivation. For each stratum calculate the table entry according to the column heading instructions for all element code card column set entries that are between 150 and 159.

II-F Blindness/Disability Determination. For each stratum calculate the table entry according to the column heading instructions for all element code card column set entries that are 160.

II-G Marital Status. For each stratum calculate the table entry according to the column heading instructions for all element code card column set entries that are 170.

II-H Other Categorical Requirements. For each stratum calculate the table entry according to the column heading instructions for all element code card column set entries that are 180.

III All Cases with Resource Errors. For each stratum calculate the table entry according to the column heading instructions for all element code card column set entries that are between 200 and 299.

III-A Real Property. For each stratum calculate the table entry according to the column heading instructions for all element code card column set entries that are 210.

III-B Liquid Assets. For each stratum calculate the table entry according to the column heading instructions for all element code card column set entries that are between 220 and 229.

III-C Life Insurance. For each stratum calculate the table entry according to the column heading instructions for all element code card column set entries that are 230.

III-D Medical Insurance. For each stratum calculate the table entry according to the column heading instructions for all element code card column set entries that are 240.

Row

III-E Other Personal Property. For each stratum calculate the table entry according to the column heading instructions for all element code card column set entries that are 250.

III-F Disposal of Property. For each stratum calculate the table entry according to the column heading instructions for all element code card column set entries that are 260.

IV Cases with Income Errors. For each stratum, calculate the table entry according to the column heading instructions for all element code card column set entries that are between 300 and 399.

IV-A Earned Income. For each stratum calculate the table entry according to the column heading instructions for all element code card column set entries that are 310.

IV-B RSDI Benefits. For each stratum calculate the table entry according to the column heading instructions for all element code card column set entries that are 320.

IV-C Other Government Program Benefits. For each stratum calculate the table entry according to the column heading instructions for all element code card column set entries that are between 330 and 339.

IV-D Pensions and Other Benefits. For each stratum calculate the table entry according to the column heading instructions for all element code card column set entries that are 340.

IV-E Support Payments. For each stratum calculate the table entry according to the column heading instructions for element code card column set entries that are 350.

IV-F Income - In Kind or Deemed. For each stratum calculate the table entry according to the column heading instructions for all element code card column set entries that are 360.

Row

IV-G Other Income. For each stratum, calculate the table entry according to the column heading instructions for all element code card column set entries that are 370.

V All Cases with Computation of Financial Eligibility Errors. For each stratum, calculate the table entry according to the column heading instructions for all element code card column set entries that are between 400 and 499.

V-A Computation of Gross Income. For each stratum, calculate the table entry according to the column heading instructions for all element code card column set entries that are 410.

V-B Deductions/Countable Income. For each stratum, calculate the table entry according to the column heading instructions for all element code card column set entries that are 420.

V-C Arithmetic Computation. For each stratum, calculate the table entry according to the column heading instructions for all element code card column set entries that are 430.

V-D Beneficiary Liability Determination. For each stratum, calculate the table entry according to the column heading instructions for all element code card column set entries that are 440.

VI All Cases with Other Medicaid Coverage Requirement Errors. For each stratum, calculate the table entry according to the column heading instructions for all element code card column set entries that are between 500 and 599.

VI-A AFDC Related Budgetary Allowances. For each stratum, calculate the table entry according to the column heading instructions for all element code card column set entries that are 510.

VI-B AFDC Special Needs. For each stratum, calculate the table entry according to the column heading instructions for all element code card column set entries that are between 520 and 529.

Row

VI-C Grandfathered Coverage Provisions. For each stratum, calculate the table entry according to the column heading instructions for all element code card column set entries that are 530.

VI-D Other State Medicaid Criteria. For each stratum, calculate the table entry according to the row heading instructions for all element code card column set entries that are 540.

TABLE IV-B

Example - Item IV-B

Type of State - 209b

MAO

A. Number: For all review schedules with a 1, 3, or 4 in Column 23 of Card 1:

if there is a 320 in columns:	sum the entries in columns:
17-19 of card 11	26-30 of card 11
32-34 of card 11	41-45 of card 11
47-49 of card 11	56-60 of card 11
62-64 of card 11	71-75 of card 11
17-19 of card 12	26-30 of card 12

For purposes of this example assume the resultant number to be 320.

B. Percent: Divide the entry in Column A of this row (320) by the entry in Column A of Row I of this table (which for purposes of this example is 5,600). The resultant figure multiplied by 100 and expressed as a percent is 5.71%.

AFDC

A. Number: For all review schedules with a 2 in Column 23 of Card 1:

if there is a 320 in columns:	sum the entries in columns:
17-19 of card 11	26-30 of card 11
32-34 of card 11	41-45 of card 11
47-49 of card 11	56-60 of card 11
62-64 of card 11	71-75 of card 11
17-19 of card 12	26-30 of card 12

For purposes of this example, assume this number to be 80.

B. Percent: Divide the entry in Column A of this row (80) by the entry in Column A of Row I of this table (which for purposes of this example is 3800). The resultant figure multiplied by 100 and expressed as a percent is 2.11%.

SSI

Since this is a 209b State, the SSI population is included in the MAO stratum. Therefore, the SSI column should be left blank.

TOTAL - PERCENT ONLY

Using formula A of Section 4321:

$$R = \frac{\sum_{i=1}^{k} \frac{D_i}{d_i} y_i}{\sum_{i=1}^{k} \frac{D_i}{d_i} z_i} \times 100 \qquad (A)$$

and assuming that the average monthly universe of Medicaid payments for stratum cases during the review period for the MAO and AFDC strata are $1,080,000 and $1,200,000 respectively and that total dollars paid for review period services received by MAO and AFDC sample cases are $10,000 and $15,000 respectively, substitute as follows:

$y_1 = 320$ $\qquad$ $y_2 = 80$

$z_1 = 5,600$ $\qquad$ $z_2 = 3,800$

$D_1 = 1,080,000$ $\qquad$ $D_2 = 1,200,000$

$d_1 = 10,000$ $\qquad$ $d_2 = 15,000$

$$R = \frac{\frac{1,080,000}{10,000} \times 320 + \frac{1,200,000}{15,000} \times 80}{\frac{1,080,000}{10,000} \times 5600 + \frac{1,200,000}{15,000} \times 3800} \times 100$$

$$= \frac{34,560 + 6,400}{604,800 + 304,000} \times 100$$

$$= \frac{40,960}{908,800} \times 100$$

$$= 4.51\%$$

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Table V
MEDICAID QUALITY CONTROL: Number of Sample Cases by Third Party Liability Status

State _____ Reporting Period _____ to _____

THIRD PARTY LIABILITY STATUS	Stratum						Total Percent Only C
	MAO		AFDC		SSI		
	Number A	Percent B	Number A	Percent B	Number A	Percent B	
I. ALL SAMPLE CASES FOR WHICH REVIEWS HAVE BEEN COMPLETED		100%		100%		100%	100%
II. NO TPL PRESENT							
III. TPL PRESENT—NO CLAIMS FOR THE REVIEW MONTH							
IV. TPL PRESENT—DOLLAR AMOUNT VERIFIED							
V. TPL UNCERTAIN—THIRD PARTY NOT VERIFIED							
VI. TPL PRESENT—DOLLAR AMOUNT CANNOT BE DETERMINED							

This report is required by law (42 CFR 450.25(e)).
Failure to report can result in a noncompliance determination.

Table V

General Instructions

Table V displays sample statistics on the number of cases with completed reviews by TPL status. The source of data for this table is Section VI-A of the Review Schedule.

The stratum identification information found in Section II-H of the Review Schedule is also required for this table. Refer to the general instructions for Tables I-VII, presented in Section 4221 of this Manual for instructions on using these data for calculating the required statistics by stratum. The specific instructions for Table V that follow are not repeated for all strata, since there are no differences in how the statistics are calculated for the different strata. It is necessary that the statistics for a particular stratum be calculated from only those review schedules for cases in that stratum, as was explained in the general instructions for Table I-VII.

Note again that States which substratify their samples must weight substratum data in accordance with the rules specified in Section 4312 of the Manual.

All percent calculations for this table are to be shown to two decimal places (e. g., 1.01%).

TABLE V

Specific Instructions

Column Heading Instructions

MAO-AFDC-SSI

Column

A Number: Enter the statistic called for by the row heading as calculated according to the row heading instructions for this table. Repeat these calculations independently for completed case reviews in each stratum, as specified in the general instructions for Tables I-VII, presented in Section 4221 of this Manual. Make the appropriate entry for each stratum.

B Percent: Divide the column A entry for the row by the total number of cases with completed case reviews (i.e., the entry in Row I Column A of this table), and multiply the resulting value by 100.

Total - Percent Only

Column

C Apply the method for calculating overall weighted ratios described in Section 4322 of this Manual using formula D as follows:

$$R = \frac{\sum_{i=1}^{k} \frac{y_i}{z_i} N_i}{\sum_{i=1}^{k} N_i} \qquad (D)$$

and making the following substitutions:

for $\frac{y_i}{z_i}$ substitute the Column B row value for stratum i.

for N_i substitute the average monthly caseload size for stratum i (i.e., Row I Table I-A).

Enter the resulting values into the appropriate rows of this column.

Row Heading Instructions

Row

I All Sample Cases for Which Reviews Have Been Completed. For each stratum, count the number of Review Schedules with any non-zero or non-blank entry in Column 16 of Card 4.

II No TPL Present. For each stratum, count the number of Review Schedules with a 1 in Column 16 of Card 4.

III TPL Present - No Claims for the Review Month. For each stratum, count the number of Review Schedules with a 2 in Column 16 of Card 4.

IV TPL Present - Dollar Amount Verified. For each stratum, count the number of Review Schedules with a 3 in Column 16 of Card 4.

V TPL Uncertain - Third Party Not Verified. For each stratum, count the number of Review Schedules with a 4 in Column 16 of Card 4.

VI TPL Present - Dollar Amount Cannot be Determined. For each stratum, count the number of Review Schedules with a 5 in Column 16 of Card 4.

TABLE V

Example - Item II

Type of State - 209b

MAO

A. Number: Count the number of Review Schedules with a 1, 3, or 4 in column 23 of Card 1 and a 1 in column 16 of Card 4. For purposes of this example let this number be 180.

B. Percent: Divide the entry in Column A of this row by the entry in Column A of Row I of this table (which for purposes of this example is 300). The resultant value multiplied by 100 and expressed as a percent is 60.00%.

AFDC

A. Number: Count the number of Review Schedules with a 2 in Column 23 of Card 1 and a 1 in Column 16 of Card 4. For purposes of this example let this number be 175.

B. Percent: Divide the entry in Column A of this row by the entry in Column A of Row I of this table (which for purposes of this example is 425). The resultant value, multiplied by 100 and expressed as a percent is 41.18%.

SSI

Since this is a 209b State and the SSI populations is included in the MAO stratum, leave the SSI column blank.

Total - PERCENT ONLY

Using formula D of Section 4322:

$$R = \frac{\sum_{i=1}^{k} \frac{y_i}{z_i} N_i}{\sum_{i=1}^{k} N_i} \qquad (D)$$

and assuming that the average monthly caseloads for the MAO and AFDC strata are 50,000 and 70,000 respectively, substitute as follows:

$\frac{y_1}{z_1} = 60.00$ $\qquad$ $\frac{y_2}{z_2} = 41.18$

$N_1 = 50,000$ $\qquad$ $N_2 = 70,000$

$$R = \frac{60.00 \times 50,000 + 41.18 \times 70,000}{50,000 + 70,000}$$

$$= \frac{3,000,000 + 2,882,600}{120,000}$$

$$= \frac{5,882,600}{120,000}$$

$$= 49.02\%$$

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Table VI
MEDICAID QUALITY CONTROL: Dollar Amount of Third Party Liability Error by Type of Service

State _____ Reporting Period _____ to _____

TYPE OF SERVICE	Stratum						Total Percent Only
	MAO		AFDC		SSI		
	Amount A	Percent B	Amount A	Percent B	Amount A	Percent B	C
I. ALL SERVICES		100%		100%		100%	100%
II. INSTITUTIONAL SERVICES							
A. General hospitals (01)							
B. Mental hospitals (02)							
C. Skilled nursing facilities (03)							
D. Facilities for the mentally retarded (04)							
E. ICF services in all other institutions (05)							
III. NON-INSTITUTIONAL SERVICES							
A. Physician's services (11)							
B. Dental services (12)							
C. Other practitioner's services (13)							
D. Outpatient hospital services (14)							
E. Clinic services (15)							
F. Laboratory and radiological services (16)							
G. Home health services (17)							
H. Prescribed drugs (18)							
I. Family planning services (19)							
J. Other services (20)							

This report is required by law (42 CFR 450.25(e)).
Failure to report can result in a noncompliance determination.

TABLE VI

General Instructions

Table VI displays sample statistics on the dollar amount of Third Party Liability errors by type of service and their percent distribution. The source of data for this table is Section VI-F of the Review Schedule.

In evaluating the entries for Table VI, the data available from the column set of the review schedule defined in the exhibit below are required.

		Card Column Set	
Error Number	Card	Service Type Code	Dollar Amount
1	4	41-42	45-49
2	4	50-51	54-58
3	4	59-60	63-67
4	4	68-69	72-76

The card column sets for Service Type Code and Dollar Amount referenced throughout the instructions for Table VI, refer to the columns for each error number that contain a specific service type code and the associated dollar amount of error for that service type code.

The stratum identification information found in Section II-H of the Review Schedule is also required for this table. Refer to the general instructions for Tables I-VII presented in Section 4221 of this Manual for instructions on using these data for calculating the required statistics by stratum. The specific instructions for Table VI that follow are not repeated for all strata, since there are no differences in how the statistics for the different strata are calculated. It is necessary that the statistics for a particular stratum be calculated from only those review schedules for cases in that stratum, as was explained in the general instructions for Tables I-VII.

Note again that States which substratify their sample must weight substratum data in accordance with the rules specified in Section 4311 of this Manual.

All percent calculations for this table are to be shown to two decimal places (e. g., 9.87%).

TABLE VI

Specific Instructions

Column Heading Instructions

MAO-AFDC-SSI

Column

A Amount: For all entries in the service type code card column set that contain the code(s) specified in the row heading instructions, sum, over all stratum cases, the corresponding dollar amount card column set entries. Repeat these calculations independently for completed case reviews in each stratum, as specified in the general instructions for Tables I-VII, presented in Section 4221 of this Manual. Make the appropriate entry for each stratum.

B Percent: Divide the Column A entry for the row by the total dollar amount of third party liability error (i.e., the entry in Row I of Column A of this table) and multiply the resulting value by 100.

Total - Percent Only

Column

C Apply the method for calculating overall weighted ratios described in Section 4321 of this Manual using formula A as follows:

$$R = \frac{\sum_{i=1}^{k} \frac{D_i}{d_i} y_i}{\sum_{i=1}^{k} \frac{D_i}{d_i} z_i} \times 100$$

and making the following substitutions:

for y_i, substitute the Column A row value for stratum i.

- for z_i substitute the Column A, Row I entry for stratum i.
- for D_i substitute the average monthly universe of Medicaid payments made during the reporting period for stratum i cases (i.e., Row II, Table I-A).
- for d_i substitute the total payments made for stratum i cases reviewed for reporting period services (i.e., Row VIII, Table I-A).

Row Heading Instructions

Row	
I	All Services. For each stratum, calculate the table entry according to the column heading instructions for all non-zero or non-blank entries in the service type code card column set.
II	Institutional Services. For each stratum, calculate the table entry according to the column heading instructions for all entries in the service type code card column set that are from 01 to 05.
II-A	General Hospitals. For each stratum, calculate the table entry according to the column heading instructions for all entries having an 01 in the service type code card column set.
II-B	Mental Hospitals. For each stratum, calculate the table entry according to the column heading instructions for all entries having an 02 in the service type code card column set.
II-C	Skilled Nursing Facilities. For each stratum, calculate the table entry according to the column heading instructions for all entries having an 03 in the service type code card column set.
II-D	Facilities for the Mentally Retarded. For each stratum, calculate the table entry according to the column heading instructions for all entries having an 04 in the service type code card column set.
II-E	ICF Services in All Other Institutions. For each stratum, calculate the table entry according to the column heading instructions for all entries having an 05 in the service type code card column set.

Row

III Non-Institutional Services. For each stratum, calculate the table entry according to the column heading instructions for all entries in the service type code card column set that are from 11 to 20.

III-A Physician Services. For each stratum, calculate the table entry according to the column heading instructions for all entries having an 11 in the service type code card column set.

III-B Dental Services. For each stratum, calculate the table entry according to the column heading instructions for all entries having a 12 in the service type code card column set.

III-C Other Practioners' Services. For each stratum, calculate the table entry according to the column heading instructions for all entries having a 13 in the service type code card column set.

III-D Outpatient Hospital Services. For each stratum, calculate the table entry according to the column heading instructions for all entries having a 14 in the service type code card column set.

III-E Clinic Services. For each stratum, calculate the table entry according to the column heading instructions for all entries having a 15 in the service type code card column set.

III-F Laboratory and Radiological Services. For each stratum, calculate the table entry according to the column heading instructions for all entries having a 16 in the service type code card column set.

III-G Home Health Services. For each stratum, calculate the table entry according to the column heading instructions for all entries having a 17 in the service type code card column set.

III-H Prescribed Drugs. For each stratum, calculate the table entry according to the column heading instructions for all entries having an 18 in the service type code card column set.

Row

III-I Family Planning Services. For each stratum, calculate the table entry according to the column heading instructions for all entries having a 19 in the service type code card column set.

III-J Other Services. For each stratum, calculate the table entry according to the column heading instructions for all entries having a 20 in the service type code card column set.

TABLE VI

Example - Item II

Type of State - 1634

MAO

A — Amount: For all Review Schedules with a 3 or 4 in Column 23 of Card 1:

if there is a 01, 02, 03, 04, or 05 in the following columns of Card 4:	sum the entries in the following columns of Card 4:
a. 41-42	a. 45-49
b. 50-51	b. 54-58
c. 59-60	c. 63-67
d. 68-69	d. 72-76

For this example assume this sum to be 5000.

B — Percent: Divide the entry in Column A of this row by the entry in Column A of Row I, which for this example will be $8800. The entry is thus .5682, or multiplied by 100 and expressed as a percent, 56.82%.

AFDC

A — Amount: For all Review Schedules with a 2 in Column 23 of Card 1:

if there is a 01, 02, 03, 04, or 05 in the following columns of Card 4:	sum the entries in the following columns of Card 4:
a. 41-42	a. 45-49
b. 50-51	b. 54-58
c. 59-60	c. 63-67
d. 68-69	d. 72-76

For this example assume this sum to be 2200.

B Percent: Divide the entry in Column A of this row by the entry in Column A of Row I, which for this example will be 4900. The entry is thus .4490 or multiplied by 100 and expressed as a percent 44.90%.

SSI

A Amount: For all Review Schedules with a 1 in Column 23 of Card 1:

if there is a 01, 02, 03, 04, or 05 in the following columns of Card 4:	sum the entries in the following corresponding columns of Card 4.
a. 41-42	a. 45-49
b. 50-51	b. 54-58
c. 59-60	c. 63-67
d. 68-69	d. 72-76

For this example assume this sum to be 2500.

B Percent: Divide the entry in Column A of this row by the entry in Column A of Row I which for this example will be 4200. The entry is thus .5952 or multiplied by 100 and expressed as a percent 59.52%.

Total - Percent Only

Using formula A in Section 4321:

$$R = \frac{\sum_{i=1}^{k} \frac{D_i}{d_i} y_i}{\sum_{i=1}^{k} \frac{D_i}{d_i} z_i} \times 100 \qquad (A)$$

and assuming that the average monthly universe of Medicaid payments made during the reporting period for the MAO, AFDC, and SSI strata are $1,080,000, $1,200,000 and $980,000 respectively and that total dollars paid for reporting period services received by MAO, AFDC and SSI sample cases are $10,000, $15,000 and $8,000 respectively, substitute as follows:

- $y_1 = \$5000$ $y_2 = \$2200$ $y_3 = \$2500$
- $z_1 = \$8800$ $z_2 = \$4900$ $z_3 = \$4200$
- $D_1 = \$1,080,000$ $D_2 = \$1,200,000$ $D_3 = \$980,000$
- $d_1 = \$10,000$ $d_2 = \$15,000$ $d_3 = \$8000$

$$R = \frac{\frac{1,080,000}{10,000} \times 5000 + \frac{1,200,000}{15,000} \times 2200 + \frac{980,000}{8000} \times 2500}{\frac{1,080,000}{10,000} \times 8800 + \frac{1,200,000}{15,000} \times 4900 + \frac{980,000}{8000} \times 4200} \times 100$$

$$= \frac{540,000 + 176,000 + 306,250}{950,400 + 392,000 + 514,500} \times 100$$

$$= \frac{1,022,250}{1,856,900} \times 100$$

$$= 55.05\%$$

Table VII
MEDICAID QUALITY CONTROL: Dollar Amount in Error by Type of Third Party Liability

State _____ Reporting Period _____ to _____

TYPE OF THIRD PARTY LIABILITY	Stratum						Total Percent Only C
	MAO		AFDC		SSI		
	Amount A	Percent B	Amount A	Percent B	Amount A	Percent B	
I. ALL TPL TYPES		100%		100%		100%	100%
II. HEALTH INSURANCE							
III. MEDICARE							
IV. OTHER GOVERNMENT PROGRAMS							
V. CASUALTY INSURANCE							
VI. OTHER THIRD PARTIES							

This report is required by law (42 CFR 450.25(e)).
Failure to report can result in a noncompliance determination.

TABLE VII

General Instructions

Table VII displays sample statistics on the dollar amount of third party liability errors by the type of third party that was responsible for the payments that Medicaid erroneously made. The source of the data for this table is Section VI-G of the Review Schedule.

In evaluating the entries for Table VII, the data available from the column sets of the Review Schedule defined in the exhibit below are required.

		Card Column Set	
Error Number	Card	TPL Type Code	Dollar Amount
1	5	16-17	20-24
2	5	25-26	29-33
3	5	34-35	38-42
4	5	43-44	47-51

The TPL type code and dollar amount card column sets referenced throughout the instructions for Table VII refer to the columns in each data set that contain the TPL type code and the associated dollar amount of error for that TPL type code.

The stratum identification information found in Section II-H of the Review Schedule is also required for this table. Refer to the general instructions for Tables I-VII, presented in Section 4221 of this Manual for instructions on using these data for calculating the required statistics by stratum. The specific instructions for Table VII that follow are not repeated for all strata, since there are no differences in how the statistics are calculated for the difference strata. It is necessary that the statistics for a particular stratum be calculated from only those Review Schedules for cases in that stratum, as was explained in the general instructions for Tables I-VII.

Note again that States which substratify their samples must weight substratum data in accordance with the rules specified in Section 4311 of this Manual.

All percent calculations for this table are to be shown to two decimal places (e.g., 5.65).

TABLE VII

Specific Instructions

Column Heading Instructions

MAO-AFDC-SSI

Column

A Amount: For all TPL type code column set entries that contain the code(s) specified in the row heading instruction, sum over all stratum cases, the associated dollar amount column set entries. Repeat these calculations independently for completed case reviews in each stratum, as specified in the general instructions for Tables I-VII, presented in Section 4221 of this Manual. Make the appropriate entry for each stratum.

B Percent: Divide the Column A entry for the row by the total dollar amount of Third Party Liability error in the stratum (i. e., the entry in Row I, Column A of this table), and multiply the resulting value by 100.

Total - Percent Only

C Apply the method for calculating overall weighted ratios described in Section 4321 of this Manual using formula A as follows:

$$R = \frac{\sum_{i=1}^{k} \frac{D_i}{d_i} y_i}{\sum_{i=1}^{k} \frac{D_i}{d_i} z_i} \times 100 \qquad (A)$$

and make the following substitutions:

- for y_i substitute the Column A row value for stratum i.
- for z_i substitute the Column A, Row I entry for stratum i.

- for D_i substitute the average monthly universe of Medicaid payments made during the reporting period for stratum i cases (i.e., Row II, Table I-A).
- for d_i substitute the total payments made for stratum i cases reviewed for the review period services (i.e., Row VIII, Table I-A).

Row Heading Instructions

Row

I All TPL Types. For each stratum calculate the table entry according to the column heading instructions for all non-zero, non-blank entries in the TPL type code column set.

II Health Insurance. For each stratum calculate the table entry according to the column heading instructions for all entries having a 01, 02, or 03 in the TPL type code column set.

III Medicare. For each stratum calculate the table entry according to the column heading instructions for all data set entries having a 10 or 11 in the TPL type code column set.

IV Other Government Programs. For each stratum calculate the table entry according to the column heading instructions for all data set entries having a 12 or 13 in the TPL type code column set.

V Casualty Insurance. For each stratum calculate the table entry according to the column heading instructions for all data set entries having a 21, 22, or 23 in the TPL type code column set.

VI Other Third Parties. For each stratum calculate the table entry according to the column heading instructions for all data set entries having a 30 in the TPL type code column set.

TABLE VII

Example - Item V

Type of State - 209b

MAO

A Amount: For all Review Schedules with a 1, 3, or 4 in Column 23 of Card 1:

if there is a 21, 22, or 23 in the following columns of Card 5:	sum the entries in the following corresponding columns of Card 5:
a. 16-17	a. 20-24
b. 25-26	b. 29-33
c. 34-35	c. 38-42
d. 43-44	d. 47-51

For this example assume this number to be 3800.

B Percent: Divide the entry in Column A of this row by the entry in Column A of Row I, which for this example will be 9900. The required entry is thus .3838 or 38.38%.

AFDC

A Amount: For all Review Schedules with a 2 in Column 23 of Card 1:

if there is a 21, 22, or 23 in the following columns of Card 5:	sum the entries in the following corresponding columns of Card 5:
a. 16-17	a. 20-24
b. 25-26	b. 29-33
c. 34-35	c. 38-42
d. 43-44	d. 47-51

For this example assume this number to be 1750.

B Percent: Divide the entry in Column A of this row by the entry in Column A of Row I, which for this example will be 5700. The required entry is thus .3070 or 30.70%.

SSI

Since this is a 209b State and the SSI population is included in the MAO stratum, leave the SSI column blank.

Total - Percent Distribution

Using formula A in Section 4321 of this Manual:

$$R = \frac{\sum_{i=1}^{k} \frac{D_i}{d_i} y_i}{\sum_{i=1}^{k} \frac{D_i}{d_i} z_i} \times 100 \qquad (A)$$

and assuming that the average monthly universe of Medicaid payments for all stratum cases during the reporting period are 1,800,000 and 1, 120,000 for the MAO and AFDC strata respectively and that the amount paid for sample case review month claims are $80,000 and $60,000 respectively, substitute as follows:

- $y_1 = 3800$ $y_2 = 1750$
- $z_1 = 9900$ $z_2 = 5700$
- $D_1 = 1{,}800{,}000$ $D_2 = 1{,}120{,}000$
- $d_1 = 80{,}000$ $d_2 = 60{,}000$

$$R = \frac{\frac{1{,}800{,}000}{80{,}000} \times 3800 + \frac{1{,}120{,}000}{60{,}000} \times 1750}{\frac{1{,}800{,}000}{80{,}000} \times 9{,}900 + \frac{1{,}120{,}000}{60{,}000} \times 5{,}700} \times 100$$

$$= \frac{85{,}500 + 32{,}666.667}{222{,}750 + 106{,}400} \times 100$$

$$= 35.90\%$$

Form HCFA-309 (8-78)
Department of Health, Education and Welfare
Health Care Financing Administration

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Table VIII

MEDICAID QUALITY CONTROL: Claims Processing Error Code Frequency Analysis

State _____ Reporting Period _____ to _____

ELEMENT IN ERROR	Element Code A	Percent Distribution of Error by Nature Code									
		01 B_1	02 B_2	03 B_3	04 B_4	05 B_5	06 B_6	07 B_7	08 B_8	09 B_9	TOTAL B_{10}
TOTAL	100%										
I. COMPLETENESS OF CLAIM (710)											100%
II. INPATIENT HOSPITAL SERVICES (720)											100%
III. PHYSICIAN SERVICES (730)											100%
IV. LONG TERM CARE SERVICES (740)											100%
V. PHARMACY SERVICES (750)											100%
VI. EPSDT SERVICES (760)											100%
VII. OTHER SERVICES (770)											100%

This report is required by law (42 CFR 450.25(e)).
Failure to report can result in a noncompliance determination.

TABLE VIII

General Instructions

Table VIII displays the percent distribution of claims processing element error codes and nature codes. Since the statistics in this table are overall percentages for all strata, they must be calculated from the individual stratum totals according to the techniques described in Section 4322 of this Manual.

The distribution of errors by nature code is calculated for each stratum by summing the individual values of the Review Schedule entries for an element code-nature code combination over all cases in the stratum and calculating each sum as a percent of the total number of errors with the same element code. Similarly the distribution of errors by element code is determined for each stratum by calculating, for each error element code, the total number of errors with that element code in the stratum as a percent of the stratum total of errors with all element codes.

The specific instructions that follow reference the card column sets and data sets that are defined in the exhibit below. The source of the data for this task is Section VII-H of the Review Schedule.

CARD COLUMN SET

ELEMENT IN ERROR	Card	NATURE CODE 01	02	03	04	05	06	07	08	09	Element Total
710	7	54-55	56-57	58-59	60-61	62-63	64-65	66-67	68-69	70-71	72-73
720	8	16-17	18-19	20-21	22-23	24-25	26-27	28-29	30-31	32-33	34-35
730	8	41-42	43-44	45-46	47-48	49-50	51-52	53-54	55-56	57-58	59-60
740	9	16-17	18-19	20-21	22-23	24-25	26-27	28-29	30-31	32-33	34-35
750	9	41-42	43-44	45-46	47-48	49-50	51-52	53-54	55-56	57-58	59-60
760	10	16-17	18-19	20-21	22-23	24-25	26-27	28-29	30-31	32-33	34-35
770	10	41-42	43-44	45-46	47-48	49-50	51-52	53-54	55-56	57-58	59-60

Note again that States which substratify must weight substratum data in accordance with the rules specified in Section 4312 of this Manual.

All percent calculations in this table will be shown to two decimal places (e. g., 6.31).

TABLE VIII

Specific Instructions

Column Heading Instructions

Column

A Distribution of CP Errors by Element Code

1. For each stratum sum the element total entries in the element code (e.g., 710,720) card column set as specified in the row heading instructions to yield stratum totals for the frequency of errors by element code.

2. Apply the method for calculating overall weighted ratios described in Section 4322 of this Manual, using formula C as follows:

$$R = \frac{\sum_{i=1}^{k} \frac{N_i}{n_i} y_i}{\sum_{i=1}^{k} \frac{N_i}{n_i} z_i} \times 100 \qquad (C)$$

making the following substitutions:

- for y_i substitute the stratum i total number of errors for the error element code of interest.
- for z_i substitute the stratum i total number of errors total for all element error codes.
- for N_i substitute the average monthly caseload size for stratum i (i.e., Row I, Table I-A).
- for n_i substitute the number of completed case reviews in stratum i (i. e., Row IV, Table I-A).

Column

3. Repeat steps 1 and 2 for all element codes as described in the row heading instructions entering the resulting values of R into the appropriate cell of Column A of Table VIII.

B Distribution of Errors by Nature Code

1. For each stratum sum the entries in each of the nature code card column set specified in the instructions below for Columns B1 - B9 for the element codes specified in the row heading instructions that follow, to yield stratum totals.

2. Apply the method for calculating overall weighted ratios described in Section 4322 of this Manual using formula C as follows:

$$R = \frac{\sum_{i=1}^{k} \frac{N_i}{n_i} y_i}{\sum_{i=1}^{k} \frac{N_i}{n_i} z_1} \times 100 \qquad (C)$$

making the following substitutions:

- for y_i substitute the stratum i total number of errors for the element - nature code combination of interest.
- for z_i substitute the total number of errors for the element code for stratum i (i.e., the sum of all nature code errors for the element code of interest).
- for N_i substitute the average monthly caseload size for stratum i (i.e., Row I Table I-A).
- for n_i substitute the number of completed case reviews in stratum i (i. e., Row IV, Table I-A).

3. Repeat steps 1 and 2 for each element code-nature code combination, entering the resulting values of R into the appropriate cell in Columns B1 - B9 of Table VIII.

Column

B-1	Card column set 01
B-2	Card column set 02
B-3	Card column set 03
B-4	Card column set 04
B-5	Card column set 05
B-6	Card column set 06
B-7	Card column set 07
B-8	Card column set 08
B-9	Card column set 09

Row Heading Instructions

Row	
I	Completeness of Claim. Calculate the table entry according to the column heading instructions using card column set entries in error set 710.
II	Inpatient Hospital Services. Calculate the table entry according to the column heading instructions using card column set entries in error set 720.
III	Physician's Services. Calculate the table entry according to the column heading instructions using card column set entries in error set 730.
IV	Long Term Care Services. Calculate the table entry according to the column heading instructions using card column set entries in error set 740.
V	Pharmacy Services. Calculate the table entry according to the column heading instructions using card column set entries in error set 750.
VI	EPSDT Services. Calculate the table entry according to the column heading instructions using card column set entries in error set 760.

Row

VII Other Services. Calculate the table entry according to the column heading instructions using card column set entries in error set 770.

TABLE VIII

Example - Column A

Type of State - 209b

Assume that the data for each stratum have been calculated according to the instructions and the number of errors by element code for each stratum is as follows:

	MAO	AFDC
710	15	8
720	19	13
730	12	15
740	7	9
750	8	3
760	2	6
770	1	7
Total	64	61

Using formula C in Section 4322 of this Manual:

$$R = \frac{\sum_{i=1}^{k} \frac{N_i}{n_i} y_i}{\sum_{i=1}^{k} \frac{N_i}{n_i} z_i} \times 100 \qquad (C)$$

and assuming that the average monthly caseload sizes are 50,000 and 30,000 and the number of completed reviews are 500 and 600 for the MAO and AFDC strata respectively, substitute as follows:

- $N_1 = 50{,}000$ $N_2 = 30{,}000$
- $n_1 = 500$ $n_2 = 600$
- $z_1 = 64$ $z_2 = 61$

for y_1 and y_2 substitute the MAO and AFDC stratum values of the frequency of errors for each element code that are listed above. Thus:

$$R_{710} = \frac{\frac{50,000}{500} \times 15 + \frac{30,000}{600} \times 8}{\frac{50,000}{50} \times 64 + \frac{30,000}{60} \times 61} \times 100 = 20.11\%$$

$$R_{720} = \frac{\frac{50,000}{500} \times 19 + \frac{30,000}{600} \times 13}{\frac{50,000}{500} \times 64 + \frac{30,000}{600} \times 61} \times 100 = 26.98\%$$

$$R_{730} = \frac{\frac{50,000}{500} \times 12 + \frac{30,000}{600} \times 15}{\frac{50,000}{500} \times 64 + \frac{30,000}{600} \times 61} \times 100 = 20.63\%$$

$$R_{740} = \frac{\frac{50,000}{500} \times 7 + \frac{30,000}{600} \times 9}{\frac{50,000}{500} \times 64 + \frac{30,000}{600} \times 61} \times 100 = 12.17\%$$

$$R_{750} = \frac{\frac{50,000}{500} \times 8 + \frac{30,000}{600} \times 3}{\frac{50,000}{500} \times 64 + \frac{30,000}{600} \times 61} \times 100 = 10.05\%$$

$$R_{760} = \frac{\frac{50,000}{500} \times 2 + \frac{30,000}{600} \times 6}{\frac{50,000}{500} \times 64 + \frac{30,000}{600} \times 61} \times 100 = 5.29\%$$

$$R_{770} = \frac{\frac{50,000}{500} \times 1 + \frac{30,000}{600} \times 7}{\frac{50,000}{500} \times 64 + \frac{30,000}{600} \times 61} \times 100 = 4.76\%$$

TABLE VIII

Example - Row I

Type of State - 209b

Assume that the data for each stratum have been calculated according to the instructions and the number of errors by nature code for error element 710 (completeness of claim) are as follows for the MAO and AFDC strata:

	Nature Code							
	01	02	03	04	05	06	07	Total
MAO	2	3	1	4	1	0	4	15
AFDC	2	1	0	2	1	1	1	8

Using formula C in Section 4322 of this Manual:

$$R = \frac{\sum_{i=1}^{k} \frac{N_i}{n_i} y_i}{\sum_{i=1}^{k} \frac{N_i}{n_i} z_i} \times 100 \qquad (C)$$

and assuming that the average monthly caseload sizes are 50,000 and 30,000 and the number of completed reviews are 500 and 600 for the MAO and AFDC strata respectively, substitute as follows:

- $N_1 = 50{,}000$ $\quad N_2 = 30{,}000$
- $n_1 = 500$ $\quad n_2 = 600$
- $z_1 = 15$ $\quad z_2 = 8$

for y_1 and y_2 substitute the MAO and AFDC stratum values of the frequency of errors for each element-nature code combination that are listed in the table in the beginning of this example. Thus:

$$R_{01} = \frac{\frac{50,000}{500} \times 2 + \frac{30,000}{600} \times 2}{\frac{50,000}{500} \times 15 + \frac{30,000}{600} \times 8} \times 100 = 15.79\%$$

$$R_{02} = \frac{\frac{50,000}{500} \times 3 + \frac{30,000}{600} \times 1}{\frac{50,000}{500} \times 15 + \frac{30,000}{600} \times 8} \times 100 = 18.42\%$$

$$R_{03} = \frac{\frac{50,000}{500} \times 1 + \frac{30,000}{600} \times 0}{\frac{50,000}{500} \times 15 + \frac{30,000}{600} \times 8} \times 100 = 5.26\%$$

$$R_{04} = \frac{\frac{50,000}{500} \times 4 + \frac{30,000}{600} \times 2}{\frac{50,000}{500} \times 15 + \frac{30,000}{600} \times 8} \times 100 = 26.32\%$$

$$R_{05} = \frac{\frac{50,000}{500} \times 1 + \frac{30,000}{600} \times 1}{\frac{50,000}{500} \times 15 + \frac{30,000}{600} \times 8} \times 100 = 7.89\%$$

$$R_{06} = \frac{\frac{50,000}{500} \times 0 + \frac{30,000}{600} \times 1}{\frac{50,000}{500} \times 15 + \frac{30,000}{600} \times 8} \times 100 = 2.63\%$$

$$R_{07} = \frac{\frac{50,000}{500} \times 4 + \frac{30,000}{600} \times 1}{\frac{50,000}{500} \times 15 + \frac{30,000}{600} \times 8} \times 100 = 23.68\%$$

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Department of Health, Education and Welfare
Health Care Financing Administration

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Table IXA

MEDICAID QUALITY CONTROL: Case Characteristics for Both Cases With and Cases Without Eligibility/Liability Errors (MAO Stratum Only)

State _____ Reporting Period _____ to _____

CHARACTERISTIC	Cases with Error		Cases Without Error	
	Number A	Percent B	Number C	Percent D
I. TOTAL		100%		100%
II. TYPE OF MOST RECENT ACTION		100%		100%
A. Approved application				
B. Redetermination				
III. NUMBER OF MONTHS SINCE MOST RECENT ACTION		100%		100%
A. Three or fewer				
B. Four to six				
C. Seven to nine				
D. Ten to twelve				
E. Thirteen or more				
IV. NUMBER OF PERSONS IN HOUSEHOLD		100%		100%
A. One				
B. Two				
C. Three				
D. Four				
E. Five				
F. Six				
G. Seven				
H. Eight				
I. Nine				
J. Ten or more				

This report is required by law (42 CFR 450.25(e)).
Failure to report can result in a noncompliance determination.

Table IXA

MEDICAID QUALITY CONTROL: Case Characteristics for Both Cases With and Cases Without Eligibility/Liability Errors (MAO Stratum Only)

State _____ Reporting Period _____ to _____

CHARACTERISTIC	Cases With Errors		Cases Without Errors	
	Number A	Percent B	Number C	Percent D
V. NUMBER OF PERSONS IN MEDICAID ASSISTANCE GROUP		100%		100%
A. One				
B. Two				
C. Three				
D. Four				
E. Five				
F. Six				
G. Seven				
H. Eight				
I. Nine				
J. Ten or more				
VI. TYPES OF INCOME PRESENT				
A. Earned income				
B. RSDI benefits				
C. Other government benefit programs				
D. Pensions and other benefits				
E. Other unearned income				

This report is required by law (42 CFR 450.25(e)).
Failure to report can result in a noncompliance determination.

Table IXA

MEDICAID QUALITY CONTROL: Case Characteristics for Both Cases With and Cases Without Eligibility/Liability Errors (MAO Stratum Only)

State _____ Reporting Period _____ to _____

CHARACTERISTIC	Cases With Errors		Cases Without Errors	
	Number A	Percent B	Number C	Percent D
VII. TYPES OF RESOURCES AVAILABLE				
A. Real property				
B. Other personal property				
C. Life insurance				
D. Medical insurance				
E. Liquid assets				
VIII. BASIS FOR CATEGORICAL RELATIONSHIP		100%		100%
A. SSI related				
B. AFDC related				
C. Needy individual under 21				

This report is required by law (42 CFR 450.25(e)). Failure to report can result in a noncompliance determination.

TABLE IX-A

General Instructions

Table IX-A displays statistics on the number of Medicaid cases with and without eligibility/liability errors by various case characteristics. The source of the case characteristic data is Part II of the Review Schedule. The source of the eligibility error information is Part IV of the Review Schedule.

Table IX-A data are for the Medical Assistance Only (in 1634 States) and the Medical Assistance and Other (in non-1634 States) strata only. Its entries should therefore be calculated using only those Review Schedules having:

- a 1, 3, or 4 in Column 23 of Card 1 - for non-1634 States
- a 3 or 4 in Column 23 of Card 1 - for 1634 States

Data from all other Review Schedules do not enter into the calculations of the data for this table.

Note again that States which substratify their MAO samples must weight substratum data in accordance with the rules specified in Section 4312 of this Manual.

All percent calculations for this table are to be shown to two decimal places (e.g., 8.95).

TABLE IX-A

Specific Instructions

Column Heading Instructions

Cases with Eligibility/Liability Error

Column

A — Number: Enter the statistic called for by the row heading as calculated according to the row heading instructions for this table, using only the case Review Schedules with a 1 in Column 51 and a 2, 3, 4, 5, 6, or 7 in Column 54 of Card 1.

B — Percent: Divide the Column A entry for the row by the total number of case Review Schedules having a 1 in Column 51 and a 2, 3, 4, 5, 6, or 7 in Column 54 of Card 1 (i.e., the entry in Row I, Col. A). Multiply this value by 100 and round to two decimal places.

Cases without Eligibility/Liability Error

C — Number: Enter the statistic called for by the row heading as calculated according to the row heading instructions for this table, using only those case Review Schedules with a 1 in Columns 51 and 54 of Card 1.

D — Percent: Divide the Column C entry for the row by the total number of case Review Schedules having a 1 in Columns 51 and 54 of Card 1. (i.e., the entry in Row I, Col. C). Multiply this value by 100 and round to two decimal places.

Row Heading Instructions

Row

I — Total. Count the number of Review Schedules according to the column heading instructions.

II — Type of Most Recent Action.

II-A — Approved Application. Count the number of Review Schedules with a 1 in Column 20 of Card 1.

Row

II-B Redetermination. Count the number of Review Schedules with a 2 in Column 20 of Card 1.

III Number of Months Since Most Recent Action. Count the number of Review Schedules with entries in Columns 21-22 of Card 1 as follows:

III-A Three or Fewer: 00, 01, 02, or 03.

III-B Four to Six: 04, 05, or 06.

III-C Seven to Nine: 07, 08 or 09.

III-D Ten to Twelve: 10, 11, 12.

III-E Thirteen or More: any number greater than or equal to 13.

IV Number of Persons in Household. Count the number of Review Schedules with entries in Columns 27-28 of Card 1 as follows:

IV-A One: 01

IV-B Two: 02

IV-C Three: 03

IV-D Four: 04

IV-E Five: 05

IV-F Six: 06

IV-G Seven: 07

IV-H Eight: 08

IV-I Nine: 09

IV-J Ten or More: Any number greater than or equal to 10.

V Number of Persons in Medical Assistance Group. Count the number of Review Schedules with entries in Columns 29-30 of Card 1 as follows:

Row	
V-A	One: 01
V-B	Two: 02
V-C	Three: 03
V-D	Four: 04
V-E	Five: 05
V-F	Six: 06
V-G	Seven: 07
V-H	Eight: 08
V-I	Nine: 09
V-J	Ten or More: Any number greater than or equal to 10.
VI	Types of Income Present. Count the number of Review Schedules with a 1 entered into the Card 1 columns specified as follows:
VI-A	Earned Income: Column 31
VI-B	RSDI Benefits: Column 32
VI-C	Other Government Benefit Programs: Column 33
VI-D	Pensions or Other Benefits: Column 34
VI-E	Other Unearned Income: Column 35
VII	Types of Resources Available. Count the number of Review Schedules with a 1 entered into the Card 1 columns specified as follows:
VII-A	Real Property: Column 36
VII-B	Other Personal Property: Column 37
VII-C	Life Insurance: Column 38
VII-D	Medical Insurance: Column 39

Row	
VII-E	Liquid Assets: Column 40
VIII	Basis for Categorical Relationship. Count the number of Review Schedules with an entry in Column 24 of Card 1 as follows:
VIII-A	SSI Related: 1, 2, or 3
VIII-B	AFDC Related: 4, 5, 6, or 7
VIII-C	Needy Individual Under Age 21: 8 or 9

TABLE IX-A

Example - Item III-A

Type of State - 1634

Only those Review Schedules for MAO cases (i.e., those with a 3 or 4 in Column 23 of Card 1) will be counted in tabulating the data for this table.

A Cases with Error - Number. Count the number of Review Schedules with a 3 or 4 in Column 23 of Card 1, a 2, 3, 4, 5, 6, or 7 in Column 54 of Card 1, and a 00, 01, 02, or 03 in Columns 21-22 of Card 1. For this example, assume this number to be 7.

B Cases with Error - Percent. Divide the Column A entry for the row calculated as described above, by the Column A entry of Row I, which for this example is 85. Multiplied by 100 and rounded to two decimal places, this is 8.24%.

C Cases without Error - Number. Count the number of Review Schedules with a 3 or 4 in Column 23 of Card 1, a 1 in Column 54 of Card 1 and a 00, 01, 02, or 03 in Columns 21-22 of Card 1. For this example assume this number to be 48.

D Cases without Error - Percent. Divide the Column C entry for the row, calculated as described above, by the Column A entry of Row I, which for this example is 908. Multiplied by 100 and rounded to two decimal places, this is 5.29%.

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Table IXB

MEDICAID QUALITY CONTROL: Case Characteristics—Eligibility/Liability Error Cases Only (MAO Stratum Only)

State _____ Reporting Period _____ to _____

CHARACTERISTIC	Cases With Eligibility/Liability Errors	
	Number A	Percent B
I. AGE OF ERROR—TOTAL		100%
A. 3 months or fewer		
B. 4 to 6 months		
C. 7 to 9 months		
D. 10 to 12 months		
E. 13 or more months		
II. RELATIONSHIP OF DATE OF MOST RECENT ERROR TO DATE OF MOST RECENT ACTION—TOTAL		100%
A. Before		
B. Coincident		
C. After:		
1. 3 months or fewer		
2. 4 to 6 months		
3. 7 to 9 months		
4. 10 to 12 months		
5. 13 or more months		

This report is required by law (42 CFR 450.25(e)). Failure to report can result in a noncompliance determination.

TABLE IX-B

General Instructions

Table IX-B shows the distribution of eligibility errors by age of the error. Table IX-B data are for the Medical Assistance Only (in 1634 States) and the Medical Assistance and Other (in non-1634 States) stratum only. Its entries, therefore, should be calculated using only those Review Schedules having:

- a 1, 3, or 4 in Column 23 of Card 1 - for non-1634 States;
- a 3 or 4 in Column 23 of Card 1 - for 1634 States.

Data from all other Review Schedules do not enter into the calculations of data for this table. The sources of the data for this table are items II-D and IV-T of the Review Schedule.

Again note that States which substratify their samples must weight substratum data in accordance with the rules specified in Section 4312 of the Manual.

All percent calculations for this table are to be shown to two decimal places (e.g., 8.17).

TABLE IX-B

Specific Instructions

Column Heading Instructions

Column

A Number of Errors: Enter the statistic called for by the row heading as calculated according to the row heading instructions for this table using only those case Review Schedules with a 1 in Column 51, and a 2, 3, 4, 5, 6, or 7 in Column 54 of Card 1.

B Percent of Errors: Divide the Column A entry for the row by the sum of all Column A entries for the item (i. e., Row I or Row II). Multiply this number by 100 and round to two decimal places.

Row Heading Instructions

Row

I Age of Error (for Error Cases Only): For each Review Schedule calculate: the entry in Columns 14-15 of Card 1 multiplied by 12, plus the entry in Columns 12-13 of Card 1; minus each of the following if they are non-zero:

- the entry in Columns 28-29 of Card 2 multiplied by 12 plus the entry in Columns 26-27 of Card 2;
- the entry in Columns 42-43 of Card 2 multiplied by 12 plus the entry in Columns 40-41 of Card 2;
- The entry in Columns 56-57 of Card 2 multiplied by 12 plus the entry in Columns 54-55 of Card 2;
- the entry in Columns 70-71 of Card 2 multiplied by 12 plus the entry in Columns 68-69 of Card 2;
- the entry in Columns 28-29 of Card 3 multiplied by 12 plus the entry in Columns 26-27 of Card 3.

Row

Count the number of differences that are:

- any value - enter this in Row I;
- less than or equal to 3 - enter this in Row I-A;
- 4 to 6 - enter this in Row I-B;
- 7 to 9 - enter this in Row I-C;
- 10 to 12 - enter this in Rwo I-D;
- greater than 12 - enter this in Row I-E.

II The Relationship of Data of Most Recent Error to Date of Most Recent Action (for Error Cases Only).

For each Review Schedule, calculate: the entry in Columns 18-19 of Card 1 multiplied by 12 plus the entry in Columns 16-17 of Card 1; minus each of the following if they are non-zero:

- the entry in Columns 28-29 of Card 2 multiplied by 12 plus the entry in Columns 26-27 of Card 2;
- the entry in Columns 42-43 of Card 2 multiplied by 12 plus the entry in Columns 40-41 of Card 2;
- the entry in Columns 56-57 of Card 2 multiplied by 12 plus the entry in Columns 54-55 of Card 2;
- the entry in Columns 70-71 of Card 2 multiplied by 12 plus the entry in Columns 68-69 of Card 2;
- the entry in Columns 28-29 of Card 3 multiplied by 12 plus the entry in Columns 26-27 of Card 3.

Count the number of cases where the minimum of these differences is:

- any value - enter this in Row II;
- positive - enter this in Row II-A;
- zero- enter this in Row II-B;
- negative - enter this in Row II-C;
  - -1, -2, or -3 - enter this in Row II-C (1);
  - -4, -5, or -6 - enter this in Row II-C (2);
  - -7, -8, or -9 - enter this in Row II-C (3);
  - -10, -11, or -12 - enter this in Row II-C (4);
  - -13 or less - enter this in Row II-C (5).

TABLE IX-B

Example - Item I-A

A Number: For each Review Schedule calculate the number of months between the review month and the month each eligibility/liability error occurred according to the instructions provided. That is, multiply the year by 12 and add it to the month of the date. Subtract the resultant number for the error date from the resultant number for the review date. Repeat this for all errors. Count the number of errors where the difference is less than or equal to 3 and enter this number into Column A of Row I-A.

B Percent: Divide the number calculated above by the total number eligibility/liability errors (i.e., the Row I Column A entry). If the Column A Row I entry were 121 and the Column A Row I-A entry were 30, the entry in Column B Row I-A would be .2479 x 100 or 24.79%.

TABLE IX-B

Example - Item II-B

A Number: For each Review Schedule calculate the number of months between the date of the most recent action and the date of each error. That is, multiply the year by 12 and add it to the months of the date. Subtract the resultant number for the error date from the resultant number for the date of the most recent action. Count the number of cases where this, the minimum difference for all the errors in the case is zero and enter this number into Column A of Row II-B.

B Percent: Divide the number calculated above by the total number of eligibility/liability errors (i. e., the Row II Column A entry). If the Column A Row II entry were 189 and the Column A Row II-B entry were 21, the entry in Column B Row II-B would be .11111 or 11.11%.

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Table X
MEDICAID QUALITY CONTROL: Universe Data by Stratum or Substratum

Stratum _____

Substratum _____

State _____ Reporting Period _____ to _____

MONTH	NUMBER OF CASES A	DOLLAR PAYMENTS B
1.		
2.		
3.		
4.		
5.		
6.		

This report is required by law (42 CFR 450.25(e)).
Failure to report can result in a noncompliance determination.

TABLE X

Instructions

Table X displays universe data for each month of the review period. The total number of Medicaid cases in each stratum (or substratum) and the total dollars paid out during each month for all Medicaid cases in each stratum must be determined and entered into the table. A separate table must be completed for each stratum if there is no substratification of populations; or for each substratum if the stratum populations are substratified. Note that the types of cases in each stratum must correspond to the definitions in Sections 2331-2334 of the MQC Sampling Manual; and that the dollars paid in each stratum (or substratum) are the dollars paid in the reporting period months for the cases in each stratum.

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Table XI

MEDICAID QUALITY CONTROL: Correction Factor Data—Sample Payments

State _____ Recording Period _____ to _____

Stratum _____

Substratum _____

	April Review Month						May Review Month						June Review Month			
	Payment Month A						Payment Month B						Payment Month C			
A. SAMPLE	April-Aug a-1	Sept a-2	Oct a-3	Nov a-4	Dec a-5	Jan a-6	May-Sept b-1	Oct b-2	Nov b-3	Dec b-4	Jan b-5		June-Oct c-1	Nov c-2	Dec c-3	Jan c-4
Dollars paid for all cases in sample																
Dollars paid for any ineligible recipients in sample																

	July Review Month			August Review Month		September Review Month
	Payment Month D			Payment Month E		Payment Month F
B. SAMPLE	July-Nov d-1	Dec d-2	Jan d-3	Aug-Dec e-1	Jan e-2	September-January f-1
Dollars paid for all cases in sample						
Dollars paid for any ineligible recipients in sample						

This report is required by law (42 CFR 450.25(e)).
Failure to report can result in a noncompliance determination.

TABLE XI

General Instructions

The official claims collection period will be five months, the review month and the four months following it. After the official claims collection period ends, it is likely that additional claims for sample cases will be presented for payment. The information on these claims will not be handled along with the claims received during the official claims collection period. That is to say, the number and value of such claims and any associated errors will not be noted in the Review Schedule. Instead Table XI will be used to maintain a record for all claims received after the conclusion of the official claims collection period.

The two pieces of information included in Table XI are:

- dollars paid for all sample cases;
- dollars paid for any ineligible recipients in the sample.

A separate table is to be completed for each stratum and/or substratum.

Note that the table shown is for an entire April-September reporting period. For the July-September 1978 reporting period only Part B must be completed for July, August and September review months.

For an October-March reporting period, this table is to be completed for those review months. In the major heading, substitute October for April, November for May, December for June, January for July, February for August and March for September. The subheading would be changed as follows for an October review month.

October-February	for	a-1
March	for	a-2
April	for	a-3
May	for	a-4
June	for	a-5
July	for	a-6

This type of substitution will be made for b1-b5, c1-c4, d1-d3, e1-e2 and f1.

TABLE XI

Specific Instructions

Column Heading Instructions

Column

A April Review Month. For all April review month cases in a stratum, enter the statistic called for by the row heading instructions for claims that were paid in each of the following months:

a-1 April - August
a-2 September
a-3 October
a-4 November
a-5 December
a-6 January

B May Review Month. For all May review month cases in a stratum, enter the statistic called for by the row heading instructions for claims that were paid in each of the following months:

b-1 May - September
b-2 October
b-3 November
b-4 December
b-5 January

C June Review Month. For all June review month cases in a stratum, enter the statistic called for by the row heading instructions for claims that were paid in each of the following months:

c-1 June - October
c-2 November
c-3 December
c-4 January

D July Review Month. For all July review month cases in a stratum, enter the statistic called for by

Column

the row heading instructions for claims that were paid in each of the following months:

d-1 July - November
d-2 December
d-3 January

E August Review Month. For all August review month cases in a stratum, enter the statistic called for by the row heading instructions for claims that were paid in each of the following months:

e-1 August - December
e-2 January

F September Review Month. For all September review month cases in a stratum, enter the statistic called for by the row heading instructions for claims that were paid in each of the following months:

f-1 September - January

Row Heading Instructions

Row

I Dollars Paid for All Cases in the Sample. For each stratum, enter the dollars paid for services rendered to those sample cases and for those claims as specified in the column heading instructions.

II Dollars Paid for Any Ineligible Recipients in the Sample. For each stratum, enter the dollars paid for services rendered to only the ineligible beneficiaries in the sample and for those claims as specified in the column heading instructions. These are dollars that would have been included in Part VIII-B of the Review Schedule had the claims been paid earlier.

4300 PROCEDURES FOR CALCULATING STRATUM TOTALS FROM SUBSTRATUM STATISTICS AND OVERALL WEIGHTED RATIOS

With the exception of Tables VIII, IX, and X, all data are to be reported by stratum (i.e., Medical Assistance Only, AFDC and SSI for 1634 States and Medical Assistance and Others and AFDC for non-1634 States). States choosing to substratify data (see Section 2820 of the MQC Manual, Sampling Methods) will be required to develop weighted stratum totals. The stratum totals must therefore be calculated not by simple addition of all substratum values for a particular stratum, but rather by combining weighted values for substratum statistics. The weighting is necessary to adjust for the different ratio of sample to universe cases in each substratum.

A number of the tables require that distributions of error values as a percentage of some statistic (e.g., payments resulting from claims processing errors as a percent of total payments) be calculated Where such "ratio statistics" are required for the entire sample, a weighted average of the individual stratum ratios must be calculated. As was the case for calculating stratum totals from substratum data, the weighting is necessary to adjust for different ratios of sample to caseload sizes in each stratum.

Sections 4310 and 4320 below present the methods for developing stratum totals and overall weighted ratios. The procedures for developing sample totals described in Section 4310 must be followed whenever a State substratifies data so that these data can be reported in the form of the required stratum totals. The procedures for calculating weighted ratios described in Section 4320 must be used by all States when calculating overall ratio estimates. The instructions for preparing the reports in Section 4200 of this Manual will reference specific Sections of 4310 and 4320 whenever the procedures described in these Sections are required.

4310 Procedures for Calculating Stratum Totals

Two procedures for calculating stratum totals from data for individual substrata are provided. Both procedures calculate stratum totals by weighting substratum statistics according to a single variable (either dollars or number of cases) and summing the individual weighted substratum values. The procedures described in Section 4311, below, specify how stratum totals

for "dollar measures" are calculated by weighting substrata statistics by claims payments. Section 4312 defines the procedures for calculating stratum totals for all statistics other than dollar measures (e.g., number of errors). For such measurements, the number of cases within each stratum is the basis for weighting substratum statistics.

4311 Procedures for Calculating Stratum Totals From Substratum Statistics for Monetary Measures

When calculating stratum totals for measures of dollars, the following procedure should be used:

Letting:

D_i be the average monthly universe of Medicaid payments during the reporting period for all substratum i cases.

d_i be the dollar amount of reporting period claims paid for sample cases selected from substratum i.

x_i be the value of the statistic of interest for substratum i.

X be the weighted stratum total.

k be the number of substrata.

Calculate X as follows:

$$X = \left[\sum_{i=1}^{k} \frac{D_i}{d_i} x_i\right] \times \left[\frac{\sum_{i=1}^{k} d_i}{\sum_{i=1}^{k} D_i}\right]$$

Example:

A State substratifies its Medical Assistance Only sample by county group. There are three such county groups. In preparing Table VII it must calculate the dollar amount in error by type of third party liability. The figures below show how the stratum total of the dollar amount of error for which Medicare was the liable third

party is calculated. The same procedure should be repeated for the dollar amount in error for other third parties.

	MAO Substratum	Average Monthly Universe of Medicaid Payments During the Review Period for all Cases	Total Dollars of Review Month Claims Paid for Sample Cases	Total TPL Sample Error Dollars for which Medicaid was the Liable Third Party
	(i)	D_i	d_i	(x_i)
1.	County Group 1	$100,000	$10,000	$500
2.	County Group 2	300,000	20,000	800
3.	County Group 3	200,000	15,000	900

$$X = \left[\frac{100,000}{10,000} \times 500 + \frac{300,000}{20,000} \times 800 + \frac{200,000}{15,000} \times 900\right] \times \left[\frac{10,000 + 20,000 + 15,000}{100,000 + 300,000 + 200,000}\right]$$

$$X = \left[5,000 + 12,000 + 12,000\right] \times \frac{45,000}{600,000}$$

$$X = 29,000 \times \frac{45,000}{600,000}$$

$$X = 2,175$$

Therefore the dollar amount of third party liability errors for which Medicare was the liable third party in the Medical Assistance Only stratum should be reported as $2,175. This is the dollar value of the error that we would have expected if we did not substratify the Medical Assistance Only population. This same procedure should be repeated for other statistics for which stratum totals must be calculated from substrata data and for other strata (e.g., AFDC and SSI) which have been substratified.

4312 Procedures for Calculating Stratum Totals from Substratum Statistics for Non-Dollar Measures

When calculating stratum totals for all measures other than dollar measures, the following procedure

described here should be used. It is basically the same as the procedure described in Section 4311, but uses sample and total stratum caseload sizes rather than dollars as the weighting factor.

Letting:

N_i be the average monthly caseload size for substratum i.

n_i be the number of completed case reviews for substratum i.

x_i be the value of the statistic of interest for substratum i.

X be the weighted stratum total

k be the number of substrata.

Calculate X as follows:

$$X = \left(\sum_{i=1}^{k} \frac{N_i}{n_i} x_i \right) \times \left[\frac{\sum_{i=1}^{k} n_i}{\sum_{i=1}^{k} N_i} \right]$$

Example:

A State substratifies its Medical Assistance Only sample by county group. There are three such county groups. In preparing Table V, it must calculate the number of sample cases by TPL status. The calculations below show how the number of MAO stratum cases with no TPL present is determined.

	MAO Substratum (i)	Average Monthly Caseload Size for the Substrata (N_i)	Number of Completed Case Reviews (n_i)	Number of Sample Cases with No TPL Present (x_i)
1.	County Group 1	8,000	200	80
2.	County Group 2	12,000	300	150
3.	County Group 3	5,000	100	50

$$X = \frac{8000}{200} \times 80 + \frac{12,000}{300} \times 150 + \frac{5000}{100} \times 50 \quad \times \quad \frac{200 + 300 + 100}{8000 + 12,000 + 5000}$$

$$X = 3200 + 6000 + 2500 \times \frac{600}{25,000}$$

$$X = 11,700 \times .024$$

$$X = 280.8$$

4320 Procedures for Calculating Overall Weighted Ratios from Stratum Totals

Certain statistics are to be measured as ratios. Some examples of such statistics are:

1. The ratio of error payments (y) to total payments made for claims (z) = $\frac{y}{z}$.

2. The ratio of TPL error payments made for cases where Medicaid was the liable third party (y) to total TPL error payments (z) = $\frac{y}{z}$.

Such statistics are expressed as percentages in the reports. When a ratio for the total sample (i.e., for all strata) is required, this ratio must be calculated by taking a weighted average of the ratio in each stratum. [3]

Two procedures for calculating overall weighted ratios are provided. The first one, presented in Section 4321, describes the procedure to be followed for calculating overall weighted ratios of one dollar amount to another. The second procedure, described in Section 4322, describes the method that should be used when calculating overall weighted ratios of non-dollar values.

4321 Procedures for Calculating Weighted Ratios of Dollar Values

When calculating weighted ratios of dollar values, the following procedure should be used:

Letting:

D_i be the average monthly universe of Medicaid payments during the review period for stratum i cases.

[3] If a stratum is substratified, the procedures in Section 4320 must be applied after weighted stratum totals have been calculated according to Section 4310.

d_i be the total dollars paid for review period services received by stratum i sample cases.

y_i be the value of the statistic of interest for stratum i that goes into the numerator of the ratio.

z_i be the value of the statistic of interest for stratum i that goes in the denominator of the ratio.

R be the ratio for the overall sample.

k be the number of strata.

Calculate the ratio R as follows:

$$R = \frac{\sum_{i=1}^{k} \frac{D_i}{d_i} y_i}{\sum_{i=1}^{k} \frac{D_i}{d_i} z_i} \times 100 \qquad \text{(A)}$$

This formula will be referred to as formula A of Section 4321 and can be used for calculating any ratio of dollar statistics by substituting the appropriate values for the y_i and z_i. All values of R should be rounded to two places beyond the decimal point.

In certain cases when the ratio is being calculated as a percentage of total payments for sample cases (e.g., Item III of Table I-B), and therefore $z_i = d_i$, formula A as presented above reduces to the following expression:

$$R = \frac{\sum_{i=1}^{k} \frac{y_i}{z_i} \times D_i}{\sum_{i=1}^{k} D_i} \times 100 \qquad \text{(B)}$$

where the row percentage for stratum i (i.e., the stratum ratio) is substituted for $\frac{y_i}{z_i}$. This expression will be referenced in the table instructions as formula B of Section 4321.

EXAMPLE A - USING FORMULA A

A 209b State is preparing Table VII and has partially completed it as is shown below. The State is in the process of calculating the Total column for the amount of TPL error by type of TPL as a percent of the amount of all TPL type errors (shown in the last column of the table).

TYPE OF THIRD PARTY LIABILITY	STRATUM						
	MAO		AFDC		SSI		TOTAL
	AMOUNT -A-	PERCENT -B-	AMOUNT -A-	PERCENT -B-	AMOUNT -A-	PERCENT -B-	PERCENT -C-
I ALL TPL TYPES	5,000	100%	3,000	100%			100%
II HEALTH INSURANCE	500	10%	900	30%			
III MEDICARE	1,000	20%	300	10%			
IV OTHER GOVERNMENT PROGRAMS	1,500	30%	600	20%			
V CASUALTY INSURANCE	750	15%	600	20%			
VI OTHER THIRD PARTIES	1,250	25%	600	20%			

The values of i, D, d, y, and z are as follows for Row II of this table. Assume that MAO total payments for all cases are $500,000 and sample case payments are $75,000 and AFDC total payments for all cases are $800,000 and sample case payments are $100,000.

Stratum	Average Monthly Universe of Medicaid Payments During the Review Period for all Cases	Total Dollars Paid During the Review Period for Sample Cases	Total TPL Error Payments - Health Insurance	Total TPL Error Payments - All TPL Types
(i)	D_i	d_i	y_i	z_i
1. MAO	$500,000	$ 75,000	500	5,000
2. AFDC	800,000	100,000	900	3,000

Then substituting into formula A

$$R = \frac{\sum_{i=1}^{2} \frac{D_i}{d_i} y_i}{\sum_{i=1}^{2} \frac{D_i}{d_i} z_i} \times 100 \qquad (A)$$

Calculate R as follows

$$R = \frac{\frac{500,000}{75,000} \times 500 + \frac{800,000}{100,000} \times 900}{\frac{500,000}{75,000} \times 5000 + \frac{800,000}{100,000} \times 3000} \times 100$$

$$= \frac{3333.333 + 7200}{33,333.333 + 24,000} \times 100$$

$$= 18.37\%$$

This same procedure is repeated for rows III - VI substituting the appropriate values of y_i and z_i (all other variables in formula A remain the same) and the appropriate entries are made in Table VII as is shown below.

TYPE OF THIRD PARTY LIABILITY	STRATUM						TOTAL
	MAO		AFDC		SSI		
	AMOUNT -A-	PERCENT -B-	AMOUNT -A-	PERCENT -B-	AMOUNT -A-	PERCENT -B-	PERCENT -C-
I ALL TPL TYPES	5,000	100%	3,000	100%			100%
II HEALTH INSURANCE	500	10%	900	30%			18.37%
III MEDICARE	1,000	20%	300	10%			15.81%
IV OTHER GOVERNMENT PROGRAMS	1,500	30%	600	20%			25.81%
V CASUALTY INSURANCE	750	15%	600	20%			17.09%
VI OTHER THIRD PARTIES	1,250	25%	600	20%			22.91%

Notice that the total weighted percent for all TPL types is 99.99% (and not 100%) due to rounding.

EXAMPLE B - USING FORMULA B

A 1634 State is preparing Part IV of Table I-B. That table has been partially completed as is shown below and the State MQC office is in the process of calculating the stratum totals for error payments as percent of all dollar payments for sample cases (shown in the last column of the table).

STATE_____ REPORTING PERIOD _____ TO _____

		STRATUM			TOTAL
		MAO A	AFDC A	SSI A	B
IV UNDUPLICATED PAYMENT ERRORS AND AS A PERCENT OF TOTAL PAYMENTS					
A. TOTAL ERROR PAYMENTS FOR ALL ERROR CLASSIFICATIONS	(1)$	2700	850	1400	
	(2)%	2.75	4.50	2.00	
B. ERROR PAYMENTS FOR INELIGIBLE RECIPIENTS	(1)$	600	200	200	
	(2)%	1.50	2.00	1.00	
C. ERROR PAYMENTS RESULTING FROM CASE LIABILITY UNDERSTATED ERRORS	(1)%	700	250	900	
	(2)%	1.75	2.50	2.000	
D. ERROR PAYMENTS RESULTING FROM CLAIMS PROCESSING ERRORS	(1)%	1000	260	520	
	(2)%	2.50	2.60	2.60	
E. ERROR PAYMENTS RESULTING FROM THIRD PARTY LIABILITY ERRORS	(1)%	400	120	180	
	(2)%	1.00	1.20	.90	

The values of i, $\frac{y_i}{z_i}$, and D_i are as follows for Row IV-B of this table. Assume that the average monthly Medicaid payments for the universe of cases are 400,000, 300,000, and 500,000 for the MAO, AFDC, and SSI strata respectively, and sample payments are respectively, 40,000, 10,000, and 20,000.

Stratum (i)	Average Monthly Universe of Medicaid Payments for all Cases During the Review Period (D_i)	Error Payments for Ineligible Recipients as a Percent of Total Payments for Sample Cases ($\frac{y_i}{z_i}$)
1. MAO	400,000	1.50
2. AFDC	300,000	2.00
3. SSI	500,000	1.00

Then substituting into formula B

$$R = \frac{\sum_{i=1}^{3} \frac{y_i}{z_i} x D_i}{\sum_{i=1}^{3} D_i}$$

Calculate R as follows:

$$R = \frac{1.50 \times 400{,}000 + 2.00 \times 300{,}000 + 1.00 \times 500{,}000}{400{,}000 + 300{,}000 + 500{,}000}$$

$$R = \frac{600{,}000 + 600{,}000 + 500{,}000}{1{,}200{,}000}$$

$$R = \frac{1{,}700{,}000}{1{,}200{,}000}$$

R = 1.417% rounded to 1.42%

This procedure was repeated for the amounts of other categories of errors and the appropriate entries made into the table, as is shown below.

STATE_____ REPORTING PERIOD _____ TO _____

		STRATUM			TOTAL
		MAD A	AFDC A	SSI A	B
IV UNDUPLICATED PAYMENT ERRORS AND AS A PERCENT OF TOTAL PAYMENTS					
A. TOTAL ERROR PAYMENTS FOR ALL ERROR CLASSIFICATIONS	(1)$	2700	850	1400	
	(2)%	6.75	8.50	7.00	7.25
B. ERROR PAYMENTS FOR INELIGIBLE RECIPIENTS	(1)$	600	200	200	
	(2)%	1.50	2.00	1.00	1.67
C. ERROR PAYMENTS RESULTING FROM CASE LIABILITY UNDERSTATED ERRORS	(1)$	700	250	400	
	(2)%	1.75	2.50	2.00	2.08
D. ERROR PAYMENTS RESULTING FROM CLAIMS PROCESSING ERRORS	(1)$	1000	260	520	
	(2)%	2.50	2.60	2.60	2.57
E. ERROR PAYMENTS RESULTING FROM THIRD PARTY LIABILITY ERRORS	(1)$	400	120	180	
	(2)%	1.00	1.20	.90	1.01

4322 Procedures for Calculating Weighted Ratios of Non-Dollar Values

The procedure described in this Section should be used for calculating w e i g h t e d ratios of non-dollar values. This procedure is basically the same as the one described in Section 4321, but uses number of completed case reviews and total stratum caseload sizes rather than dollars as the weighting factors.

Letting:

N_i be the average monthly caseload size for stratum i.

n_i be the number of completed case reviews in stratum i.

y_i be the value of the statistic of interest that goes in the numerator of the ratio, for stratum i.

z_i be the value of the statistic of interest that goes in the denominator of the ratio, for stratum i.

R be the ratio for the overall sample.

k be the number of strata.

Calculate the ratio R as follows:

$$R = \frac{\sum_{i=1}^{k} \frac{N_i}{n_i} y_i}{\sum_{i=1}^{k} \frac{N_i}{n_i} z_i} \times 100 \qquad (C)$$

This formula will be referred to as formula C of Section 4322 and can be used for calculating any ratio statistic by substituting the appropriate values for the y_i and z_i. All values of R should be rounded to two places beyond the decimal point.

In certain cases when the ratio is being calculated as a percentage of the total number of completed sample case reviews (e.g., Item I of table I-B), and therefore $z_i = n_i$, formula C as presented above reduces to the following expression:

$$R = \frac{\sum_{i=1}^{k} \frac{y_i}{z_i} N_i}{\sum_{i=1}^{k} N_i} \qquad (D)$$

where the row percentage for stratum i (i.e., the stratum ratio) is substituted for $\frac{y_i}{z_i}$. This expression will be referenced in the table instructions as formula D of Section 4322.

EXAMPLE C - USING FORMULA C

An SSI criteria/State Determination State is preparing Item II of Table I-B and has partially completed it as is shown below. (The number of completed reviews with claims is 200 in the MAO stratum and 250 in the AFDC stratum.

		STRATUM			TOTAL PERCENT ONLY
		MAO	AFDC	SSI	
II NUMBER OF CASES WITH CLAIMS BY ERROR CLASSIFICATION					
A. CASES HAVING ONE OR MORE ERRORS	(1) #	45	50		
	(2) %	22.50%	20.00%		
B. INELIGIBLE CASES	(1) #	8	12		
	(2) %	4.00%	4.80%		
C.ELIGIBLE WITH ELIGIBLE MEMBERS	(1) #	7	5		
	(2) %	3.50%	2.00%		
D. LIABILITY UNDERSTATED ERROR ONLY	(1) #	6	6		
	(2) %	3.00%	2.40%		
E. LIABILITY OVERSTATED ERROR ONLY	(1) #	5	3		
	(2) %	2.50%	1.20%		
F. LIABILITY UNDERSTATED ERROR WITH INELIGIBLE MEMBERS	(1) #	4	8		
	(2) %	2.00%	3.20%		
G. LIABILITY OVERSTATED ERROR WITH INELIGIBLE MEMBERS	(1) #	7	8		
	(2) %	3.50%	3.20%		
H. CLAIMS PROCESSING ERRORS	(1) #	5	4		
	(2) %	2.50%	1.60%		
I. THIRD PARTY LIABILITY ERRORS	(1) #	3	4		
	(2) %	1.50%	1.60%		

The State is in the process of calculating the Total column of the number of errors for cases with claims calculated as a percentage of the number of completed case reviews with claims (shown in the last column of this table). The values of i, N, n, y and z are as follows for Row II-B of Table I-B. Assume that the average monthly caseload sizes for the MAO and AFDC strata are 50,000 and 70,000 and that the average monthly number of completed case reviews (with and without claims) are 500 and 400 respectively.

Stratum (i)	Average Monthly Caseload Size (N)	Number of Completed Reviews (n)	Number of Ineligible Cases with Claims (y)	Number of Completed Case Reviews with Claims (z)
1. MAO	50,000	500	8	200
2. AFDC	70,000	400	12	250

Then substituting into formula C:

$$R = \frac{\sum_{i=1}^{k} \frac{N_i}{n_i} y_i}{\sum_{i=1}^{k} \frac{N_i}{n_i} z_i} \times 100$$

Calculate R as follows:

$$R = \frac{\frac{50,000}{500} \times 8 + \frac{70,000}{400} \times 12}{\frac{50,000}{500} \times 200 + \frac{70,000}{400} \times 250} \times 100$$

$$= \frac{800 + 2,100}{20,000 + 43,750} \times 100$$

$$= \frac{2,900}{63,750} \times 100$$

$$= 4.55\%$$

This same procedure is repeated for Rows A-I, substituting the appropriate values of y_i and z_i (all other variables remain the same). The appropriate entries are made in Item II Table I-B as is shown below.

STATE_____ REPORTING PERIOD _____to _____

			STRATUM MAD A	STRATUM AFDC A	STRATUM SSI A	TOTAL PERCENT ONLY %
II. NUMBER OF CASES WITH CLAIMS BY ERROR CLASSIFICATION AND AS A PERCENT OF CASES WITH CLAIMS						
A. CASES HAVING ONE OR MORE ERRORS	(1)	#	45	50		
	(2)	%	22.50%	20.00%		20.78%
B. INELIGIBLE CASES	(1)	#	8	12		
	(2)	%	4.00%	4.80%		4.55%
C. ELIGIBLE WITH INELIGIBLE MEMBERS	(1)	#	7	5		
	(2)	%	3.50%	2.00%		2.47%
D. LIABILITY UNDERSTATED ERROR ONLY	(1)	#	6	6		
	(2)	%	3.00%	2.40%		2.59%
E. LIABILITY OVERSTATED ERROR ONLY	(1)	#	5	3		
	(2)	%	2.50%	1.20%		1.61%
F. LIABILITY UNDERSTATED ERROR WITH INELIGIBLE MEMBERS	(1)	#	4	8		
	(2)	%	2.00%	3.20%		2.82%
G. LIABILITY OVERSTATED ERROR WITH INELIGIBLE MEMBERS	(1)	#	7	8		
	(2)	%	3.50%	3.20%		3.29%
H. CLAIMS PROCESSING ERRORS	(1)	#	5	4		
	(2)	%	2.50%	1.60%		1.88%
I. THIRD PARTY LIABILITY ERRORS	(1)	#	3	4		
	(2)	%	1.50%	1.60%		1.57%

EXAMPLE D - USING FORMULA D

A 209b State is preparing Table V and has partially completed it as shown below. The State is in the process of calculating the percent distribution for the amount of TPL error by type of TPL (shown in the last column of the table).

THIRD PARTY LIABILITY STATUS	STRATUM						
	MAO		AFDC		SSI		TOTAL
	NUMBER -A-	PERCENT -B-	AMOUNT -A-	PERCENT -B-	AMOUNT -A-	PERCENT -B-	PERCENT -C-
I ALL SAMPLE CASES FOR WHICH REVIEWS HAVE BEEN COMPLETED	300	100	500	100			100
II NO TPL PRESENT	100	33.33	150	30.00			
III TPL PRESENT - NO CLAIMS FOR THE REVIEW MONTH	60	20.00	50	10.00			
IV TPL PRESENT - DOLLAR AMOUNT VERIFIED	40	13.33	100	20.00			
V TPL UNCERTAIN - THIRD PARTY NOT VERIFIED	30	10.00	75	15.00			
VI TPL PRESENT - DOLLAR AMOUNT CANNOT BE DETERMINED	70	23.33	125	25.00			

The values of i, N, and $\frac{Y}{z}$ are as follows for Row II of this table.

Stratum (i)	Average Monthly Caseload Size (N)	Number of Cases with No TPL Present as a Percent of All Completed Case Reviews $\left(\frac{Y}{z}\right)$
1. MAO	50,000	33.33%
2. AFDC	70,000	30.00%

Then substituting into formula D

$$R = \frac{\sum_{i=1}^{2} \frac{Y_i}{z_i} N_i}{\sum_{i=1}^{2} N_i}$$

Calculate R as follows:

$$R = \frac{33.33 \times 50{,}000 + 30.00 \times 70{,}000}{50{,}000 + 70{,}000}$$

$$= \frac{1{,}666{,}500 + 2{,}100{,}000}{120{,}000}$$

$$= \frac{3{,}766{,}500}{120{,}000}$$

$$= 31.39\%$$

This same procedure is repeated for all rows, substituting the appropriate values of $\frac{y_i}{z_i}$ (all other variables remain the same). The appropriate entries are made in the table as is shown below.

TYPE OF THIRD PARTY LIABILITY	STRATUM						TOTAL
	MAO		AFDC		SSI		
	NUMBER -A-	PERCENT -B-	AMOUNT -A-	PERCENT -B-	AMOUNT -A-	PERCENT -B-	PERCENT -C-
I ALL SAMPLE CASES FOR WHICH REVIEWS HAVE BEEN COMPLETED	300	100	500	100			100
II NO TPL PRESENT	100	33.33	150	30.00			31.39
III TPL PRESENT - NO CLAIMS FOR THE REVIEW MONTH	60	20.00	50	10.00			14.17
IV TPL PRESENT - DOLLAR AMOUNT VERIFIED	40	13.33	100	20.00			17.22
V TPL UNCERTAIN - THIRD PARTY NOT VERIFIED	30	10.00	75	15.00			12.92
VI TPL PRESENT - DOLLAR AMOUNT CANNOT BE DETERMINED	70	23.33	125	25.00			24.30

APPENDIX A

INSTRUCTIONS FOR EDITING THE MEDICAID QUALITY CONTROL REVIEW SCHEDULE AND DATA ENTRY MEDIA

INTRODUCTION

This Appendix describes the procedures to be used for editing the Medicaid Quality Control Review Schedule so that the accuracy of the data contained in that schedule and the reliability of the data reports and tabulations developed from those data can be maximized.

Two levels of review schedule edits must be undertaken. The first is a visual edit of the review schedule for overall completeness and consistency. The second type of edit is the mechanical edit of the data for specific coding errors once it has been transferred to machine-readable form. Those errors identified during the visual edit should be corrected before data are prepared for computer input. Errors uncovered during the mechanical edit should be corrected before data reports are generated. Direct entry systems using data terminals should, wherever practical, provide internally stored programs that perform the mechanical check.

The edit checks described in this Appendix are based upon the Medicaid Quality Control Review Schedule (Form # HCFA-301 revised 3/78) and the instructions for completing that schedule (refer to Section 3000 of the Medicaid Quality Control Manual). Should the State agency wish to change the schedule or the codes for that schedule, the edit checks described in the Appendix will have to be modified accordingly.

VISUAL EDITS

The visual edit is made to ensure that all items found on the Review Schedule have been completed appropriately. Missing information identified during the visual edit should be secured and properly entered onto the schedule. Information found to be in error should be corrected before any further steps are taken to keypunch or otherwise prepare the data for computer input.

Visual checks are made for uncovering three types of potential errors, relating to the:

- completeness of an entry;
- appropriateness of an entry;
- consistency among entries.

All items of the Review Schedule must be completed according to the instructions provided in Section 3000 of the manual. A visual check for completeness will ensure that only one precoded box of the review schedule is checked and that the entry for the code checked is made in the box that is provided. The check for appropriateness of entry is made to ensure that numeric characters, check marks, lines, x's or dollar figures, are provided where they are called for. An empty box in a space provided for entering a code indicates that an error may have been made. Although most consistency checks will be made as part of the mechanical edit process, Exhibit A-1 on the following page lists some examples of edits for consistency errors that can be made as part of the visual edit check.

MECHANICAL EDITS

This section contains the minimum requirements for mechanical edits of the Quality Control review data. Two types of edit checks will be made. They are:

- checks to ensure that there are no impossible or improbable entries; and
- checks to ensure that there is consistency among entries.

After the edit checks are completed and corrections to the data are made, the edit checks should be repeated for schedules found to contain errors to ensure that:

- the errors identified have been corrected;
- no new errors have been made;
- no new inconsistencies arise as a result of corrections that have been made; and
- all cards (if cards are used) are in the proper order.

EXHIBIT A-1

Examples of Visual Edits for Consistency Among Entries

Part		
IV	If entry 1 in Part Q is checked,	then all entries in Parts R and T must be zeroes or blanks.
VI	If entry 1 or 2 in Part A is checked,	then the entries in Parts B, C, E, F, G, H, I, and J must be zeroes or blanks.
VII	If the entry in Part B is "000",	the entries in Parts C, D, E, F, and G must be zeroes or blanks and Part H must have no entries at all.
VII	If the entry in Part E is "000",	the entries in Parts F and G must be zeroes or blanks and Part H must have no entries in it.
VII	If the entry in Part B is non-zero,	then the entries in Parts C and D must be non-zero.
VII	If the entry in Part E is non-zero,	then the entries in Parts F and G must be non-zero.
VIII	If the entry in Part F is "00000",	the entries in Parts B, C, D, and E must also be "00000".
VIII	If the entry in Part F is non-zero,	then the entries in at least one of Parts B, C, D, and E must be non-zero.

The specific method of making the mechanical edit checks will depend upon the types and characteristics of the computers available to the agency. It is important that the mechanical edit checks not proceed until visual checks have been completed and the identified errors corrected.

Edits for Impossible or Improbable Entries

Coding will be accomplished by entering a code number into a box or set of boxes provided on the Review Schedule. These codes will be subjected to the mechanical edits for impossible entries.

In addition to coded entries there will be entries showing dollar amounts, frequency of occurrence, number of persons, dates, or some other measure. These entries will be checked for improbable entries. For example, a dollar amount of liability error shown in item R on the Review Schedule as 8 7 3 8 9 would be suspect since a liability error of $87,389 is highly unlikely. Since different States have different policies regarding maximum payments, etc., which could be incorporated into edit checks, each State should edit appropriate fields of data input in accordance with its own policies.

The minimum recommended edit checks for impossible or improbable entries are shown in Exhibit A-2.

EXHIBIT A-2

Edit Checks for Impossible or Improbable Entries

	CARD	COLUMNS	ITEMS	POSSIBLE CODES
1.	1	1-2	State Code	The Federally assigned State code as found on Page 114 of Section 3400, MQC Manual, The Review Process.
2.	1	3-5	Local Agency Code	The code assigned to the local agency by the State office.
3.	1	6-11	Review Number	Any number consistent with the QC review numbers assigned by the State office for the review period in question.
4.	1	12-13	Review Month	04-09 for the April-September reporting period. 10-12 or 01-03 for the October-March reporting period.
5.	1	14-15	Review Year	The last two digits of the calendar year in which the review month falls.
6.	1	16-17	Month of Most Recent Action	01 through 12
7.	1	18-19	Year of Most Recent Action	73 through the last two digits of the current calendar year.
8.	1	20	Type of Most Recent Action	1 or 2
9.	1	21-22	Number of Months Between Most Recent Action and Review Month	00 through 99
10.	1	23	Categorical Relationship	1 through 4

EXHIBIT A-2 cont.

	CARD	COLUMNS	ITEMS	POSSIBLE CODES
11.	1	24	Basis for Categorical Relationship	1 through 9
12.	1	25-26	Medicaid Eligibility Coverage Requirement Used by Agency	01-08, 21-28, 41-45, 61-69, 81 or 82.
13.	1	27-28	Number of Persons in Household	01 through 99.
14.	1	29-30	Number of Persons in Medicaid Asistance Group	01 through 99.
15.	1	31-35	Income	Columns 31-35 may each contain either a 1 or a 2.
16.	1	36-40	Resources	Columns 36-40 may each contain either a 1 or a 2.
17.	1	41-45	Income	Columns 41-45 may each contain either a 1 or a 2.
18.	1	46-50	Resources	Columns 46-50 may each contain either a 1 or a 2.
19.	1	51	Disposition of Review	1 through 6.
20.	1	52-53	Eligibility Coverage Requirement Used by Reviewer	01-08, 21-28, 41-45, 61-69, 81 or 82, blank.
21.	1	54	Eligibility Review Findings Case Status	1 through 7.
22.	1	55-56 57-58 59-60 61-62	Eligibility Review Findings Case Member Status	00 through 99.
23.	1	63-64	Number of Elements in Error	00 through 99.

EXHIBIT A-2 cont.

	CARD	COLUMNS	ITEM	POSSIBLE CODES
24.	1	65-69	Overall Dollar Amount of Liability Error	00005 through 99999, blank
25.	1	70	Misrepresentation of Facts	1 or 2 ,blank.
26.	2	1-15	Case Identifier Information	Same as for Card 1 columns 1-15.
27.	2	16-18	Element	110, 120, 130, 140, 151, 152, 153, 154, 160, 170, 180, 210, 221, 222, 223, 224, 230, 240, 250, 260, 310, 320, 331, 332, 333, 334, 335, 336, 340, 350, 360, 370, 410, 420, 430, 440, 510, 521, 522, 523, 524, 525, 530, 540, blank.
28.	2	19-20	Nature	01-52, 80-83, or 99 , blank.
29.	2	21-22	Type	10, 20, 30, 31, 40, 50, 60, 70, 01, 02, or 03, blank.
30.	2	23	Error Finding	2, 3, 4, 5, 6, 7, blank.
31.	2	24-25	Number of members with error	01 through 99, blank.
32.	2	26-27	Month error occurred	01 through 12, blank.
33.	2	28-29	Year error occurred	73 through the last two digits of the current year of the review month, blank.
34.	2	30-32	Element	110, 120, 130, 140, 151, 152, 153, 154, 160, 170, 180, 210, 221, 222, 223, 224, 230, 240, 250, 260, 310, 320, 331, 332, 333, 334, 335, 336, 340, 350, 360, 370, 410, 420, 430, 440, 510, 521, 522, 523, 524, 525, 530, 540, blank.
35.	2	33-34	Nature	01-52, 80-83, or 99 , blank.

EXHIBIT A-2 cont.

	CARD	COLUMNS	ITEM	POSSIBLE CODES
36.	2	35-36	Type	10, 20, 30, 31, 40, 50, 60, 70, 01, 02, 03, blank.
37.	2	37	Error Finding	2, 3, 4, 5, 6, 7, blank.
38.	2	38-39	Number of members with error	01 through 99, blank.
39.	2	40-41	Month error occurred	01 through 12, blank.
40.	2	42-43	Year error occurred	73 through the last two digits of the current year of the review month ,blank.
41.	2	44-46	Element	110, 120, 130, 140, 151, 152, 153, 154, 160, 170, 180, 210, 221, 222, 223, 224, 230, 240, 250, 260, 310, 320, 331, 332, 333, 334, 335, 336, 340, 350, 360, 370, 410, 420, 430, 440, 510, 521, 522, 523, 524, 525, 530, 540, blank.
42.	2	47-48	Nature	01-52, 80-83, 99, blank.
43.	2	49-50	Type	10, 20, 30, 31, 40, 50, 60, 70, 01, 02, 03, blank.
44.	2	51	Error Finding	2, 3, 4, 5, 6, 7, blank.
45.	2	52-53	Number of members with error	01 through 99, blank.
46.	2	54-55	Month error occurred	01 through 12 , blank.
47.	2	56-57	Year error occurred	73 through the last two digits of the current year of the review month , blank.
48.	2	58-60	Element	110, 120, 130, 140, 151, 152, 153, 154, 160, 170, 180, 210, 221, 222, 223, 224, 230, 240, 250, 260, 310, 320, 331, 332, 333, 334, 335, 336, 340, 350, 360, 370, 410, 420, 430, 440, 510, 521, 522, 523, 524, 525, 530, 540, blank.

EXHIBIT A-2 cont.

	CARD	COLUMNS	ITEM	POSSIBLE CODES
49.	2	61-62	Nature	01-52, 80-83, or 99 , blank.
50.	2	63-64	Type	10, 20, 30, 31, 40, 50, 60, 70, 01, 02, or 03, blank.
51.	2	65	Error Finding	2, 3, 4, 5, 6, 06 7, blank.
52.	2	66-67	Number of members with error	01 through 99, blank.
53.	2	68-69	Month error occurred	01 through 12, blank.
54.	2	70-71	Year error occurred	73 through the last two digits of the current year of the review month , blank.
55.	3	1-15	Case Identifier Information	Same as for Card 1 Columns 1-15.
56.	3	16-18	Element	110, 120, 130, 140, 151, 152, 153, 154, 160, 170, 180, 210, 221, 222, 223, 224, 230, 240, 250, 260, 310, 320, 331, 332, 333, 334, 335, 336, 340, 350, 360, 370, 410, 420, 430, 440, 510, 521, 522, 523, 524, 525, 530, 540, blank.
57.	3	19-20	Nature	01-52, 80-83, or 99, blank.
58.	3	21-22	Type	10, 20, 30, 31, 40, 50, 60, 70, 01, 02, or 03, blank.
59.	3	23	Error Finding	2, 3, 4, 5, 6, or 7, blank.
60.	3	24-25	Number of members with error	01 through 99, blank.
61.	3	26-27	Month error occurred	01 through 12, blank.
62.	3	28-29	Year error occurred	73 through the last two digits of the current year of the review month, blank.

EXHIBIT A-2 cont.

	CARD	COLUMNS	ITEM	POSSIBLE CODES
63.	4	1-15	Case Identifier Information	Same as for Card 1 Columns 1-15.
64.	4	16	TPL Status	1, 2, 3, 4, or 5.
65.	4	17-19	Number of Claims with TPL Available	000 - 999.
66.	4	20-21 22-23 24-25 26-27	Types of Services with TPL Available	00 through 05 or 11 through 20.
67.	4	28-29 30-31 32-33 34-35	Type of TPL Available	00, 01, 02, 03, 10, 11, 12, 13, 21, 22, 23, or 30.
68.	4	36-40	Dollar Amount of TPL Available	00000 through 99999.
69.	4	41-42	Service Code	01 through 05 or 11 through 20 , blank.
70.	4	43-44	Frequency	01 through 99 , blank.
71.	4	45-49	Dollar Amount	00000 through 99999, blank.
72.	4	50-51	Service Code	01 through 05 or 11 through 20 , blank.
73.	4	52-53	Frequency	01 through 99, blank.
74.	4	54-58	Dollar Amount	00000 through 99999 , blank.
75.	4	59-60	Service Code	01 through 05 or 11 through 20, blank.

EXHIBIT A-2 cont.

	CARD	COLUMNS	ITEMS	POSSIBLE CODES
76.	4	61-62	Frequency	01 through 99 ,blank.
77.	4	63-67	Dollar Amount	00000 through 99999, blank.
78.	4	68-69	Service Code	01 through 05 or 11 through 20 , blank.
79.	4	70-71	Frequency	01 through 99, blank.
80.	4	72-76	Dollar Amount	00000 through 99999, blank.
81.	5	1-15	Case Identifier Information	Same as for Card 1 Columns 1-15.
82.	5	16-17	TPL Type Code	01, 02, 03, 10, 11, 12, 13, 21, 22, 23, or 30 , blank.
83.	5	18-19	Frequency	01 through 99 , blank.
84.	5	20-24	Dollar Amount	00000 through 99999, blank.
85.	5	25-26	TPL Type Code	01, 02, 03, 10, 11, 12, 13, 21, 22, 23, or 30, blank.
86.	5	27-28	Frequency	01 through 99, blank.
87.	5	29-33	Dollar Amount	00000 through 99999, blank.
88.	5	34-35	TPL Type Code	01, 02, 03, 10, 11, 12, 13, 21, 22, 23, or 30, blank
89.	5	36-37	Frequency	01 through 99, blank
90.	5	38-42	Dollar Amount	00000 through 99999, blank.

EXHIBIT A-2 cont.

	CARD	COLUMNS	ITEM	POSSIBLE CODES
91.	5	43-44	TPL Type Code	01, 02, 03, 10, 11, 12, 13, 21, 22, 23, or 30, blank.
92.	5	45-46	Frequency	01 through 99, blank.
93.	5	47-51	Dollar Amount	00000 through 99999, blank.
94.	6	1-15	Case Identifier Information	Same as for Card 1 Columns 1-15.
95.	6	16-17	Frequency	01 through 99, blank.
96.	6	18-22	Dollar Amount	00000 through 99999, blank.
97.	6	23-24	Frequency	01 through 99, blank.
98.	6	25-29	Dollar Amount	00000 through 99999, blank.
99.	6	30-31	Frequency	01 through 99, blank.
100.	6	32-36	Dollar Amount	00000 through 99999, blank.
101.	6	37-38	Frequency	01 through 99.
102.	6	39-43	Dollar Amount	00000 through 99999, blank.
103.	6	44-46	Number of Claims with TPL Error	000 through 999.
104.	6	47-51	Total Dollar Amount of TPL Errors	00000 through 99999.
105.	7	1-15	Case Identifier Information	Same as for Card 1 Columns 1-15.

EXHIBIT A-2 cont.

	CARD	COLUMNS	ITEM	POSSIBLE CODES
106.	7	16-17	Number of Recipients of Medical Service	00 through 99.
107.	7	18-20	Number of Paid Claims	000 through 999.
108.	7	21-22 23-24 25-26 27-28 29-30	Types of Review Month Services	01 through 05 or 11 through 20 , blank.
109.	7	31-35	Dollar Amounts of Paid Claims	00000 through 99999.
110.	7	36-38	Number of Claims with CP Errors	000 through 999.
111.	7	39-40 41-42 43-44 45-46 47-48	Types of Services with CP Errors	01 through 05 or 11 through 20, blank.
112.	7	49-53	Dollar Amount of CP Errors	00000 through 99999.
113.	7	54-55 56-57 58-59 60-61 62-63 64-65 66-67 68-69 70-71	Error Frequency by Nature Code	01 through 99, blank.
114.	7	72-73	Element Error Frequency	01 through 99, blank.
115.	7	74-78	Dollar Amount	00001 through 99999, blank.

EXHIBIT A-2 cont.

	CARD	COLUMNS	ITEM	POSSIBLE CODES
116.	8	1-15	Case Identifier Information	Same as for Card 1 Columns 1-15.
117.	8	16-17 18-19 20-21 22-23 24-25 26-27 28-29 30-31 32-33	Error Frequency by nature code	01 through 99, blank.
118.	8	34-35	Element Frequency	01 through 99, blank.
119.	8	36-40	Dollar Amount	00001 through 99999, blank.
120.	8	41-42 43-44 45-46 47-48 49-50 51-52 53-54 55-56 57-58	Error Frequency by Nature Code	01 through 99, blank.
121.	8	59-60	Element Frequency	01 through 99, blank.
122.	8	61-65	Dollar Amount	00001 through 99999, blank.
123.	9	1-15	Case Identifier Information	Same as for Card 1 Columns 1-15.
124.	9	16-17 18-19 20-21 22-23 24-25 26-27 28-29 30-31 32-33	Error Frequency by Nature Code	01 through 99, blank.

EXHIBIT A-2 cont.

	CARD	COLUMNS	ITEM	POSSIBLE CODES
125.	9	34-35	Element Frequency	01 through 99, blank.
126.	9	36-40	Dollar Amount	00001 through 99999, blank.
127.	9	41-42 43-44 45-46 47-48 49-50 51-52 53-54 55-56 57-58	Error Frequency by Nature Code	01 through 99, blank.
128.	9	59-60	Element Frequency	01 through 99, blank.
129.	9	61-65	Dollar Amount	00001 through 99999, blank.
130.	10	1-15	Case Identifier Information	Same as for Card 1 Columns 1-15.
131.	10	16-17 18-19 20-21 22-23 24-25 26-27 28-29 30-31 32-33	Error Frequency by Nature Code	01 through 99, blank.
132.	10	34-35	Element Frequency	01 through 99, blank.
133.	10	36-40	Dollar Amount	00001 through 99999, blank.

EXHIBIT A-2 cont.

	CARD	COLUMNS	ITEM	POSSIBLE CODES
134.	10	41-42 43-44 45-46 47-48 49-50 51-52 53-54 55-56 57-58	Error Frequency by Nature Code	01 through 99, blank.
135.	10	59-60	Element Frequency	01 through 99, blank.
136.	10	61-65	Dollar Amount	00001 through 99999, blank.
137.	11	1-15	Case Identifier Information	Same as for Card 1 Columns 1-15.
138.	11	16	Error Finding	1 or 2, blank.
139.	11	17-19	Element	110, 120, 130, 140, 151, 152, 153, 154, 160, 170, 180, 210, 221, 222, 223, 224, 230, 240, 250, 260, 310, 320, 331, 332, 333, 334, 335, 336, 340, 350, 360, 370, 410, 420, 430, 440, 510, 521, 522, 523, 524, 525, 530, 540, blank.
140.	11	20-21	Nature	01 through 52, 80-83, or 99,blank.
141.	11	22-23	Type	10, 20, 30, 31, 40, 50, 60, 70, 01, 02, or 03, blank.
142.	11	24-25	Number of Members with Error	01 through 99, blank.
143.	11	26-30	Dollar Amount	00001 through 99999, blank.

EXHIBIT A-2 cont.

	CARD	COLUMNS	ITEM	POSSIBLE CODES
144.	11	31	Error Finding	1 or 2, blank.
145.	11	32-34	Element	110, 120, 130, 140, 151, 152, 153, 154, 160, 170, 180, 210, 221, 222, 223, 224, 230, 240, 250, 260, 310, 320, 331, 332, 333, 334, 335, 336, 340, 350, 360, 370, 410, 420, 430, 440, 510, 521, 522, 523, 524, 525, 530, 540, blank.
146.	11	35-36	Nature	01 through 52, 80-83, or 99, blank.
147.	11	37-38	Type	10, 20, 30, 31, 40, 50, 60, 70, 01, 02, or 03, blank.
148.	11	39-40	Number of Members with Error	01 through 99, blank.
149.	11	41-45	Dollar Amount	00001 through 99999, blank.
150.	11	46	Error Finding	1 or 2, blank.
151.	11	47-49	Element	110, 120, 130, 140, 151, 152, 153, 154, 160, 170, 180, 210, 221, 222, 223, 224, 230, 240, 250, 260, 310, 320, 331, 332, 333, 334, 335, 336, 340, 350, 360, 370, 410, 420, 430, 440, 510, 521, 522, 523, 524, 525, 530, 540, blank.
152.	11	50-51	Nature	01 through 52, 80-83, or 99, blank.
153.	11	52-53	Type	10, 20, 30, 31, 40, 50, 60, 70, 01, 02, or 03, blank.
154.	11	54-55	Number of Members with Error	01 through 99, blank.

EXHIBIT A-2 cont.

	CARD	COLUMNS	ITEM	POSSIBLE CODES
155.	11	56-60	Dollar Amount	00001 through 99999, blank.
156.	11	61	Error Finding	1 or 2, blank.
157.	11	62-64	Element	110, 120, 130, 140, 151, 152, 153, 154, 160, 170, 180, 210, 221, 222, 223, 224, 230, 240, 250, 260, 310, 320, 331, 332, 333, 334, 335, 336, 340, 350, 360, 370, 410, 420, 430, 440, 510, 521, 522, 523, 524, 525, 530, 540, blank.
158.	11	65-66	Nature	01 through 52, 80-83, or 99, blank
159.	11	67-68	Type	10, 20, 30, 31, 40, 50, 60, 70, 01, 02, or 03, blank.
160.	11	69-70	Number of Members with Error	01 through 99, blank.
161.	11	71-75	Dollar Amount	00001 through 99999, blank.
162.	12	1-15	Case Identifier Information	Same as for Card 1 Columns 1-15.
163.	12	16	Error Finding	1 or 2, blank.
164.	12	17-19	Element	110, 120, 130, 140, 151, 152, 153, 154, 160, 170, 180, 210, 221, 222, 223, 224, 230, 240, 250, 260, 310, 320, 331, 332, 333, 334, 335, 336, 340, 350, 360, 370, 410, 420, 430, 440, 510, 521, 522, 523, 524, 525, 530, 540, blank.
165.	12	20-21	Nature	01 through 52, 80-83, or 99, blank.

EXHIBIT A-2 cont.

	CARD	COLUMNS	ITEM	POSSIBLE CODES
166.	12	22-23	Type	10, 20, 30, 31, 40, 50, 60, 70, 01, 02, or 03, blank.
167.	12	24-25	Number of Members with Error	00 through 99, blank.
168.	12	26-30	Dollar Amount	00001 through 99999, blank.
169.	12	31-35	Total Unduplicated Dollar Amount of Case Eligibility errors	00000 through 99999.
170.	12	36-40	Total Unduplicated Dollar Amount of Case Liability Errors	00000 through 99999.
171.	12	41-45	Total Unduplicated Dollar Amount of Case Claims Processing Errors	00000 through 99999.
172.	12	46-50	Total Unduplicated Dollar Amount of Third Party Liability Errors	00000 through 99999.
173.	12	51-55	Total Unduplicated Dollar Amount of Medicaid Misspent Funds for the Case	00000 through 99999.

Edits for Consistency of Entries

There are a number of interrelationships among various Review Schedule entries which must be checked as part of the mechanical edit process. Exhibit A-3 on the following pages describes the cross checks that are to be made among specified entries. If inconsistencies are found among items, it becomes necessary to check the Review Schedules and worksheets to determine which items are in error and require change.

EXHIBIT A-3

Edit Checks for Consistency of Entries

	CARD		
1.	1	If Columns 14-15 and 18-19 contain the same number:	The number contained in Columns 12-13 must be greater than or equal to the number contained in Columns 16-17.
2.	1	The number contained in Columns 14-15 must be greater than or equal to the number contained in Columns 18-19.	
3.	1	The number contained in Columns 21-22 must equal the difference between: the numbers in Columns 14-15 multiplied by 12 plus the number in Columns 12-13; and the sum of the number in Columns 18-19 multiplied by 12 plus the number in Columns 16-17.	
4.	1	If Column 23 contains a:	Column 24 must contain a:
		a. 1	a. 1, 2, or 3.
		b. 2	b. 4, 5, 6, or 7.
5.	1	The number contained in Columns 27-28 must be greater than or equal to the number contained in Columns 29-30.	
6.	1-12	If Column 51 of Card 1 contains a 2, 3, 4, 5, or 6:	Columns 52-70 on Card 1 must be blank or zero and columns 16-80 on all other cards must be blank or zero.

EXHIBIT A-3 cont.

	CARD	If the Column 54 entry is a:	The entry (entries) in Column(s):
7.	1	a. 1	a. 57-58, 59-60, 61-62, 63-64 and 65-69 must be zero.
		b. 2	b. 57-58 and 63-64 must be greater than zero and the entries in Columns 55-56, 59-60, 61-62 and 65-69 must be zero.
		c. 3	c. 59-60, 61-62 and 65-69 must be zero and the entries in Columns 55-56, 57-58 and 63-64 must be greater than zero.
		d. 4	d. 55-56, 57-58, and 61-62 must be zero and the entry in Columns 59-60, 63-64 and 65-69 must be greater than zero.
		e. 5	e. 55-56, 57-58 and 59-60 must be zero and the entry in Columns 61-62, 63-64 and 65-69 must be greater than zero.
		f. 6	f. 55-56 and 61-62 must be zero and the entry in Columns 57-58, 59-60, 63-64 and 65-69 must be greater than zero.
		g. 7	g. 55-56 and 59-60 must be zero and the entries in Columns 57-58, 61-62, 63-64 and 65-69 must be greater than zero.
8.	1	The sum of Columns 55-56, 57-58, 59-60, and 61-62 must equal the value of the entry in Columns 29-30.	

EXHIBIT A-3 cont.

	CARD		
9.	1	Columns 59-60 and 61-62 cannot both have non-zero entries.	
10.	1,2,3	If Columns 63-64 of Card 1 contain:	The entries in the following Columns must be non-zero or non-blank:
		a. 01	a. 16-29 of Card 2.
		b. 02	b. 16-29 and 30-43 of Card 2.
		c. 03	c. 16-29, 30-43, and 44-57 of Card 2.
		d. 04	d. 16-29, 30-43, 44-57, and 58-71 of Card 2.
		e. 05 or greater	e. 16-29, 30-43, 44-57 and 58-71 of Card 2 and 16-29 of Card 3.
11.	2-3	If the entries in Columns 16-18, 30-32, 44-46, 58-60 of Card 2 and 16-18 of Card 3 are:	The corresponding entries in Columns 19-20, 33-34, 47-48, 61-62 of Card 2 and 19-20 of Card 3 may be:
		a. 110	a. 01 or 02.
		b. 140	b. 03, 04, 05, or 06.
		c. 160	c. 07 or 08.
		d. 250	d. 09 or 10.
		e. 310	e. 11, 12, 13, or 14.
		f. 320 through 350, 370	f. 15 or 16.
		g. 360	g. 17, 18, 19, or 20.
		h. 410	h. 21 or 22.
		i. 420	i. 23, 24, 25, 26, or 27.
		j. 430	j. 28, 29, 30 or 31.

EXHIBIT A-3 cont.

	CARD		
		k. 440	k. 32, 33, 34, 35, 36, or 37.
		l. 510	l. 38, 39, 40, or 41.
		m. 521, 522, 523, 524, or 525	m. 42, 43, or 44.
		n. 530	n. 45, 46, 47, 48, 49, 50, 51, or 52.
		o. 540	o. 80, 81, 82, or 83.
		p. all other non-zero or non-blank entries	p. 99.
12.	1,2,3	The entries in each of Column sets 24-25, 38-39, 52-53, 66-67 of Card 2 and 24-25 of Card 3 must be less than or equal to the entry in Columns 29-30 of Card 1.	
13.	1,2,3	The entry in Column 26-27 (40-41, 54-55, 68-69 of Card 2 and 26-27 of Card 3) plus the entry in Column 28-29 (42-43, 56-57, 70-71 of Card 2 and 28-29 of Card 3) multiplied by 12 must be less than or equal to the entry in Columns 12-13 of Card 1 plus the entry in Columns 14-15 of Card 1 multiplied by 12.	
14.	4	If the entry in Column 16 is:	then:
		a. 1, 2, 4, or 5	a. Columns 17-76 of Card 4 and columns 16-80 of Cards 5 and 6 should be zero filled or left blank.
		b. 3	b. Columns 17-19, 20-21, 28-29, and 36-40 must contain non-zero entries.

EXHIBIT A-3 cont.

	CARD		
15.	4,5,6	The entry in Columns 47-51 of Card 6 must be greater than or equal to the sums of the entries in Columns: a. 45-49, 54-58, 63-67, and 72-76 of Card 4. b. 20-24, 29-33, 38-42, and 47-51 of Card 5. c. 18-22, 25-29, 32-36, and 39-43 of Card 6.	
16.	4,6	The entry in Columns 47-51 of Card 6 must be less than or equal to the entry in Columns 36-40 of Card 4.	
17.	1,7	The entry in Columns 16-17 of Card 7 must be less than or equal to the entry in Columns 29-30 of Card 1.	
18.	4,7	The entry in Columns 18-20 of Card 7 must be greater than or equal to the entry in Columns 17-19 of Card 4.	
19.	4,7	The entry in Columns 31-35 of Card 7 must be greater than or equal to the entry in Columns 36-40 of Card 4.	
20.	7	The entry in Columns 36-38 must be less than or equal to the entry in Columns 18-20.	
21.	7	Any non-zero or non-blank entry in Columns: a. 39-40 b. 41-42 c. 43-44 d. 45-46 e. 47-48	must have been entered in one of the following Column sets: 21-22, 23-24, 25-26, 27-28 29-30.

EXHIBIT A-3 cont.

	CARD		
22.	7	The entry in Columns 49-53 must be less than or equal to the entry in Columns 31-35.	
23.	4,5, 6,7	If the entry in Columns 31-35 of Card 7 is zero:	The following entries must be zero-filled or blank: a. Columns 17-76, Card 4. b. Columns 16-51, Cards 5 and 6.
24.	7,8, 9,10	If the entry in Columns 49-53 of Card 7 is zero:	The entries in the following Columns must be zero or blank. a. 36-38, Card 7. b. 39-48, Card 7. c. 54-78, Card 7. d. 16-65, Cards 8, 9, 10.
		The sum of the entries in columns:	must equal the entry in Columns:
25.	7	a. 54-55, 56-57, 58-59, 60-61, 62-63, 64-65, 66-67, 68-69, and 70-71.	a. 72-73.
26.	8	b. 16-17, 18-19, 20-21, 22-23, 24-25, 26-27, 28-29, 30-31, and 32-33.	b. 34-35.
27.	8	c. 41-42, 43-44, 45-46, 47-48, 49-50, 51-52, 53-54, 55-56, and 57-58.	c. 59-60.
28.	9	d. 16-17, 18-19, 20-21, 22-23, 24-25, 26-27, 28-29, 30-31, and 32-33.	d. 34-35

EXHIBIT A-3 cont.

	CARD		
29.	9	e. 41-42, 43-44, 45-46 47-48, 49-50, 51-52, 53-54, 55-56, and 57-58.	e. 59-60.
30.	10	f. 16-17, 18-19, 20-21, 22-23, 24-25, 26-27, 28-29, 30-31, and 32-33.	f. 34-35.
31.	10	g. 41-42, 43-44, 45-46, 47-48, 49-50, 51-52, 53-54, 55-56, and 57-58	g. 59-60.
		If the entries in the following Columns are zero or blank:	the entries in the following Columns must also be zero or blank:
32.	7	a. 72-73	a. 74-78.
33.	8	b. 34-35	b. 36-40.
34.	8	c. 59-60	c. 61-65.
35.	9	d. 34-35	d. 36-40.
36.	9	e. 59-60	e. 61-65.
37.	10	f. 34-35	f. 36-40.
38.	10	g. 59-60	g. 61-65.
39.	7,8, 9,10	The sum of the entries in Columns 74-78 of Card 7 and Columns 36-40 and 61-65 of Cards 8, 9, and 10 must equal the entry in Columns 49-53 of Card 7.	

EXHIBIT A-3 cont.

	CARD		
40.	11,12	If the entries in Columns 17-19, 32-34, 47-49, 62-64 of Card 11 and 17-19 of Card 12 are:	the respective entries in Columns 20-21, 35-36, 50-51 65-66 of Card 11 and 20-21 of Card 12 may be:
		a. 110	a. 01 or 02
		b. 140	b. 03, 04, 05, or 06.
		c. 160	c. 07 or 08.
		d. 250	d. 09 or 10.
		e. 310	e. 11, 12, 13, or 14.
		f. 320 through 350, 370	f. 15 or 16.
		g. 360	g. 17, 18, 19, or 20.
		h. 410	h. 21 or 22.
		i. 420	i. 23, 24, 25, 26, or 27.
		j. 430	j. 28, 29, 30, or 31.
		k. 440	k. 32, 33, 34, 35, 36, or 37.
		l. 510	l. 38, 39, 40, or 41.
		m. 521, 522, 523, 524, or 525	m. 42, 43, or 44.
		n. 530	n. 45, 46, 47, 48, 49, 50, 51, or 52.
		o. 540	o. 80, 81, 82, or 83.
		p. all other non-zero or non-blank entries.	p. 99
41.	1,11, 12	If the entry in Column 54 of Card 1 is 1 or 5, Columns 16-75 of Card 11 and 16-40 of Card 12 must be zero-filled or blank.	

EXHIBIT A-3 cont.

	CARD	
42.	1,11 12	If the entry in Card 1, Column 54 is 4, Columns 31-35 of Card 11 must be zero-filled or blank.
43.	1,11 12	The entries in Columns 24-25, 39-40, 54-55 and 69-70 of Card 11 and 24-25 of Card 12 must be less than or equal to the entry in Columns 29-30 of Card 1.
44.	7,11, 12	The sum of the entries in Columns 26-30, 41-45, 56-60, 71-75 of Card 11 and 26-30 of Card 12 must be less than or equal to the entry in Columns 31-35 of Card 7.
45.	11,12	The sum of the entries in Columns 26-30, 41-45, 56-60, 71-75 of Card 11 and 26-30 of Card 12 must equal the sum of the entries in Columns 31-35 and 36-40 of Card 12.
46.	7,12	The entry in Columns 41-45 of Card 12 must be less than or equal to the entry in Columns 49-53 of Card 7.
47.	6,12	The entry in Columns 46-50 of Card 12 must be less than or equal to the entry in Columns 47-51 of Card 6.
48.	12	The entry in Columns 51-55 must equal the sum of the entries in Columns 31-35, 36-40, 41-45, and 46-50.
49.	7,12	If the entries in Columns 31-35 and 36-40 of Card 12 is zero: the entry in Columns 41-45 of Card 12 must equal the entry in Columns 49-53 of Card 7.
50.	6, 12	If the entries in Columns 31-35, 36-40, and 41-45 of of Card 12 are all zero. the entry in columns 51-55 of Card 12 must equal the entry in Columns 47-51 of Card 6.

APPENDIX B

Table Edits

This Appendix contains a listing of edit checks that the States should perform to check the output tables submitted every six months. Exhibit B-1 on the following pages specifies the equalities and inequalities that hold among various table entries.

The States may perform an additional level of edit by comparing the output reports for a reporting period with those from previous periods. While the values of the entries will of course change from period to period, one might expect that the magnitudes of the entries will not change drastically. Thus, any drastic changes should be investigated for possible errors.

EXHIBIT B-1

Table Edits

	Table	Edit Check
1.	All	All percent entries must be less than or equal to 100.
2.	I-A	The column entries in Row V must equal the sum of the corresponding column entries in Rows V-A - V-E.
3.	I-A	The column entries in Row III must equal the sum of the corresponding column entries in Rows IV and V.
4.	I-A	The column entries in Row VI must be less than or equal to the corresponding column entries in Row IV.
5.	I-B	The column entries in Row II-A must be less than or equal to the corresponding column entries in Row I-A.
6.	I-B	The column entries in Row II-B must be less than or equal to the corresponding column entries in Row I-B.
7.	I-B	The column entries in Row II-C must be less than or equal to the corresponding column entries in Row I-C.
8.	I-B	The column entries in Row II-D must be less than or equal to the corresponding column entries in Row I-D.
9.	I-B	The column entries in Row II-E must be less than or equal to the corresponding column entries in Row I-E.
10.	I-B	The column entries in Row II-F must be less than or equal to the corresponding column entries in Row I-F.
11.	I-B	The column entries in Row II-G must be less than or equal to the corresponding column entries in Row I-G.

EXHIBIT B-1 - cont.

	Table	Edit Check
12.	I-B	The column entries in Row II-H must be less than or equal to the corresponding column entries in Row I-H.
13.	I-B	The column entries in Row IV-A must be less than or equal to the corresponding column entries in Row III-A.
14.	I-B	The column entries in Row IV-B must be less than or equal to the corresponding column entries in Row III-B.
15.	I-B	The column entries in Row IV-C must be less than or equal to the corresponding column entries in Row III-C.
16.	I-B	The column entries in Row IV-D must be less than or equal to the corresponding column entries in III-D.
17.	I-B	The column entries in Row IV-E must be less than or equal to the corresponding column entries in Row III-E.
18.	II-A	The entries in Row I, Columns B, D, F, G, H, and I must be 100.
19.	II-A	The column entries in Row I must be equal to the sum of the corresponding column entries in Rows II and III.
20.	II-A	The column entries in Row II must equal the sum of the corresponding column entries in Rows II-A, II-B, II-C, II-D, and II-E.
21.	II-A	The column entry in Row II-C must equal the sum of the corresponding column entries in Rows II-C(1) through II-C(4).
22.	II-A	For any Row and any stratum, the Column E entry is the sum of Column A and C entries.
23.	II-B	The Column B and C entries in Rows I and II must be 100.

	Table	Edit Check
24.	II-B	The column entries in Row I must equal the sum of the corresponding column entries in Rows I-A through I-D.
25.	II-B	The column entries in Row II must equal the sum of the corresponding column entries in Rows II-A through II-G.
26.	III	The column entries in Row A must equal the sum of the corresponding column entries in Rows B through Q.
27.	IV-A	The column entries in Row I must be less than or equal to the sum of the corresponding column entries in Rows II, III, IV, V, VI, VII.
28.	IV-A	The column entries in Row II must be less than or equal to the sum of the corresponding column entries in Rows II-A through II-H.
29.	IV-A	The column entries in Row III must be less than or equal to the sum of the corresponding column entries in Rows III-A through III-F.
30.	IV-A	The column entries in Row IV must be less than or equal to the sum of the corresponding column entries in Rows IV-A through IV-G.
31.	IV-A	The column entries in Row V must be less than or equal to the sum of the corresponding column entries in Rows V-A through V-D.
32.	IV-A	The column entries in Item VI must be less than or equal to the sum of the corresponding column entries in Rows VI-A through VI-D.
33.	IV-B	The column entries in Row I must equal the sum of the corresponding column entries in Rows II, III, IV, V, VI, VII.
34.	IV-B	The column entries in Row II must equal the sum of the corresponding column entries in Rows II-A through II-H.

	Table	Edit Check
35.	IV-B	The column entries in Row III must equal the sum of the corresponding column entries in Rows III-A through III-F.
36.	IV-B	The column entries in Row IV must equal the sum of the corresponding column entries in Rows IV-A through IV-G.
37.	IV-B	The column entries in Row V must equal the sum of the corresponding column entries in Rows V-A through V-D.
38.	IV-B	The oolumn entries in Row VI must equal the sum of the corresponding column entries in Rows VI-A through VI-D.
39.	V	The Row I entries in Columns B and C must be 100.
40.	V	The column entries in Row I must equal the sum of the corresponding column entries of Rows II through VI.
41.	VI	The Row I entries in Columns B and C must be 100.
42.	VI	The column entries in Row I must equal the sum of the corresponding column entries in Rows II and III.
43.	VI	The column entries in Row II must equal the sum of the corresponding column entries of Rows II-A through II-E.
44.	VI	The column entries in Row III must equal the sum of the corresponding column entries of Rows III-A through III-J.
45.	VII	The Row I entries in Columns B and C must be 100.
46.	VII	The column entries in Row I must equal the corresponding column entries in Rows II through VI.
47.	VIII	The sum of the Column A entries for Rows I through VII must equal 100.

	Table	Edit Check
48.	VIII	The sum of the entries in Columns B-1 through B-9 for each Row must equal 100.
49.	VIII	All Column B-10 entries must be 100.
50.	IX-A	The column entry in Row I must equal the sum of the corresponding column entries in Rows: . II-A and II-B; . III-A through III-E; . IV-A through IV-J; . V-A through V-J; . VI-A through VI-E; . VII-A through VII-E; . VIII-A through VIII-C.
51.	IX-B	The column entry in Row I must equal the sum of the corresponding column entries in Rows I-A through I-E.
52.	IX-B	The column entry in Row II must equal the sum of the corresponding column entries in Rows II-A through II-C.
53.	IX-B	The column entry in Row II-C must equal the sum of the corresponding column entries in Rows II-C(1) through II-C(5).
54.	I-A, III, V	The column entries in Row IV of table I-A must equal: . the corresponding column entry in Row A of Table III. . the corresponding column entry in Row I of Table V.
55.	I-A, IX-A	For the MAO stratum, the entry in Row IV of Table I-A must equal the sum of the Column A entries, for cases with and without error, in Row I of Table IX-A.
56.	I-A, IV-A	The column entries in Row IV of Table I-A must be greater than or equal to the entry in Row I of Table IV-A.

	Table	Edit Check
57.	I-A, IV-B, VI, VII	The column entries in Row VIII of Table I-A must be greater than or equal to the entry: . in Row I of Table IV-B . in Row I of Table VI . in Row I of Table VII
58.	I-A, X	The stratum entry in Row I of Table I-A must equal the average of all the monthly entries in Column A of Table X for that stratum or if a State substratifies, the average of the sum of all the monthly substratum entries for that stratum entered in Column A of Table X.
59.	I-A, X	The stratum entry in Row II of Table I-A must equal the sum of all the monthly entries in Column B of Table X for that stratum or for all substrata in that substratum, divided by 6.
60.	I-B, IV-B	The Column entries in Row I of Table IV-B must be less than or equal to the sum of the corresponding Column entries in Rows III-B (1) and III-C (1) of Table I-B.
61.	I-B, VI	The Column entries in Row I of Table VI must be less than or equal to the corresponding Column entries in Row III-E of Table I-B.
62.	I-B, VII	The Column entries in Row I of Table VII must be less than or equal to the corresponding Column entries in Row III-E of Table I-B.

APPENDIX C

Form HCFA-301 (3/78)
Department of Health, Education and Welfare
Health Care Financing Administration

OMB No. 066-R-0107
Expires 3/79

MEDICAID QUALITY CONTROL REVIEW SCHEDULE

Review No. _____

Page 1 of 5

I. Identifying Information

1. Case Name	2. Address	3. Case ID Number
4. Review Month	5. Date Eligibility Review Assigned	6. Date Eligibility Review Completed	7. Reviewer

II. Case Information (Card 1)

A. State Code [1 2]

B. Local Agency Code [3 4 5]

C. Review Number [6 7 8 9 10 11]

D. Review Mo. & Yr. [12 13] [14 15]

E. Date of Most Recent Action (prior to date in item "D") Mo. [16 17] Yr. [18 19]

F. Type of Most Recent Action [20]
1. Approved Application
2. Redetermination

G. Number of Months between Most Recent Action and Review Month (If action concurrent with Review Month, enter 00) [21 22]

H. Categorical Relationship (check one) [23]
1. SSI Cash Assistance
2. AFDC Cash Assistance
3. Medically Needy
4. Other Non-Cash

I. Basis for Categorical Relationship (check one) [24]

SSI RELATED	AFDC RELATED	WEEDY INDIVIDUAL UNDER 21
1. Aged	4. Death	8. Foster care
2. Blind	5. Incapacity	9. Other
3. Disabled	6. Unemployed father	
	7. Continued absence	

J. Medicaid Eligibility Coverage Requirement Used by Agency (code) [25 26]

K. Number of Persons in Household [27 28]

L. Number of Persons in Medicaid Assistance Group [29 30]

M. Does the case record show the presence of any of the following elements during the Review Month?

(a) INCOME			(b) RESOURCES		
	[31 32 33 34 35]			[36 37 38 39 40]	
31 Earned Income	1 Yes	2 No	36 Real Property (home & other)	1 Yes	2 No
32 RSDI Benefits	1 Yes	2 No	37 Other Personal Property (motor vehicle & other)	1 Yes	2 No
33 Other Govt Benefit Programs	1 Yes	2 No	38 Life Insurance	1 Yes	2 No
34 Pensions or Other Benefits	1 Yes	2 No	39 Medical Insurance	1 Yes	2 No
35 Other Unearned Income	1 Yes	2 No	40 Liquid Assets	1 Yes	2 No

III. Eligibility Field Review Information

N. Did the field review show the presence of any of the following elements during the Review Month?

(a) INCOME			(b) RESOURCES		
	[41 42 43 44 45]			[46 47 48 49 50]	
41 Earned Income	1 Yes	2 No	46 Real Property (home & other)	1 Yes	2 No
42 RSDI Benefits	1 Yes	2 No	47 Other Personal Property (motor vehicle & other)	1 Yes	2 No
43 Other Govt Benefit Programs	1 Yes	2 No	48 Life Insurance	1 Yes	2 No
44 Pensions or Other Benefits	1 Yes	2 No	49 Medical Insurance	1 Yes	2 No
45 Other Unearned Income	1 Yes	2 No	50 Liquid Assets	1 Yes	2 No

IV. Eligibility Summary Findings

Form HCFA-301 Page 2 of 5 Review No. _____

O. Disposition of Review (check one) [51]

1. ☐ Review completed
   If code 1 is checked, complete the remainder of Section IV below. If any other code is checked, no further entry is required.

Review not completed due to:

2. ☐ Moved out of State since Review Month
3. ☐ Unwilling to give information
4. ☐ Unable to locate
5. ☐ Listed in error
6. ☐ Other (explain)__

P. For eligible cases, Medicaid eligibility coverage requirement used by reviewer (code) [52 53]

Q. Eligibility Review Findings

1a. Case Status [54]

1. ☐ Eligible
2. ☐ Ineligible
3. ☐ Eligible w/Ineligible Members
4. ☐ Liability Understated Error Only
5. ☐ Liability Overstated Error Only
6. ☐ Liability Understated Error w/Ineligible Member(s)
7. ☐ Liability Overstated Error w/Ineligible Member(s)

1b. Case Member Status

1. Eligible Members [55 56]
2. Ineligible Members [57 58]
3. Eligible Members with Understated Liability [59 60]
4. Eligible Members with Overstated Liability [61 62]

2. Number of Elements in Error [63 64]

R. Overall Dollar Amount of Liability Error (enter if error is $5.00 or more) [65 66 67 68 69]

S. Does there appear to be willful misrepresentation of facts? (check one) [70]
1. Yes ☐ 2. No ☐

T. Discription of Error(s) (Card 2: Duplicate columns 1-15 from card 1)

Error	Element	Nature	Type	Error Finding	# of Members with Error	Date Error Occurred Month	Date Error Occurred Year
1.	16 17 18	19 20	21 22	23	24 25	26 27	28 29
2.	30 31 32	33 34	35 36	37	38 39	40 41	42 43
3.	44 45 46	47 48	49 50	51	52 53	54 55	56 57
4.	58 59 60	61 62	63 64	65	66 67	68 69	70 71
(Card 3; Duplicate columns 1-15 from card 1)							
5.	16 17 18	19 20	21 22	23	24 25	26 27	28 29

V. Explanation of Eligibility Errors

(1) Elements	(2) Nature of Error(s)	(3) State Manual Citation

VI. Summary of Third Party Liability Errors

Form HCFA-301 Page 3 of 5 Review No. _____

1. Case Name	2. Address	3. Case ID Number
4. Review Month	5. Date TPL Review Assigned / 6. Date TPL Review Completed	7. Reviewer

(Card 4: Duplicate columns 1-15 from card 1)

A. TPL Status (check one) [16]

1. ☐ No TPL present
2. ☐ TPL present, no claims for the Review Month
3. ☐ TPL present, dollar amount verified
4. ☐ TPL uncertain, third party not verified
5. ☐ TPL present, dollar amount can not be determined

B. Number of Claims with TPL Available [17 18 19]

C. Types of Services with TPL Available [20 21] [22 23] [24 25] [26 27]

D. Types of TPL Available [28 29] [30 31] [32 33] [34 35]

E. Dollar Amount of TPL Available [35 37 38 39 40]

F. TPL Errors by Type of Service

	service code	frequency	dollar amount
1.	[41 42]	[43 44]	[45 46 47 48 49]
2.	[50 51]	[52 53]	[54 55 56 57 58]
3.	[59 60]	[61 62]	[63 64 65 66 67]
4.	[68 69]	[70 71]	[72 73 74 75 76]

(Card 5: Duplicate columns 1-15 from card 1)

G. TPL Errors by Type of Third Party Liability

	TPL-type code	frequency	dollar amount
1.	[16 17]	[18 19]	[20 21 22 23 24]
2.	[25 26]	[27 28]	[29 30 31 32 33]
3.	[34 35]	[36 37]	[38 39 40 41 42]
4.	[43 44]	[45 46]	[47 48 49 50 51]

(Card 6: Duplicate columns 1-15 from card 1)

H. TPL Error by Source of Error

	frequency	dollar amount
1. Certifying Agency	[16 17]	[18 19 20 21 22]
2. Beneficiary	[23 24]	[25 26 27 28 29]
3. Claims Processing	[30 31]	[32 33 34 35 36]
4. Recovery Activities	[37 38]	[39 40 41 42 43]

I. Number of Claims with TPL Error [44 45 46]

J. Total Dollar Amount of TPL Errors [47 48 49 50 51]

VII. Summary Of Claims Processing Errors

Form HCFA-301 Page 4 of 5 Review No. _____

1. Case Name	2. Address	3. Case ID Number	
4. Review Month	5. Date Claims Processing Review Assigned	6. Date Claims Processing Review Completed	7. Reviewer

(Card 7: Duplicate columns 1-15 from card 1)

A. Number of Recipients of Medical Services During the Review Month [16 17]

B. Number of Paid Claims [18 19 20]

C. Types of Review Month Services [21 22] [23 24] [25 26] [27 28] [29 30]

D. Dollar Amount of Paid Claims [31 32 33 34 35]

E. Number of Claims with CP Errors [36 37 38]

F. Types of Services with CP Errors [39 40] [41 42] [43 44] [45 46] [47 48]

G. Dollar Amount of CP Errors [49 50 51 52 53]

If no claims were determined to be in error (entries in Items E, F, and G were 00), no further entry is required

H. Description of Claims Processing Errors

Nature Code Error Frequency Analysis

Element Codes	Error Frequency, by Nature Code 01	02	03	04	05	06	07	08	09	Error Frequency Element	Error Frequency Dollar Amount
710	54 55	56 57	58 59	60 61	62 63	64 65	66 67	68 69	70 71	72 73	74 75 76 77 78
720	16 17	18 19	20 21	22 23	24 25	26 27	28 29	30 31	32 33	34 35	36 37 38 39 40
730	41 42	43 44	45 46	47 48	49 50	51 52	53 54	55 56	57 58	59 60	61 62 63 64 65
740	16 17	18 19	20 21	22 23	24 25	26 27	28 29	30 31	32 33	34 35	36 37 38 39 40
750	41 42	43 44	45 46	47 48	49 50	51 52	53 54	55 56	57 58	59 60	61 62 63 64 65
760	16 17	18 19	20 21	22 23	24 25	26 27	28 29	30 31	32 33	34 35	36 37 38 39 40
770	41 42	43 44	45 46	47 48	49 50	51 52	53 54	55 56	57 58	59 60	61 62 63 64 65

(Card 8: Duplicate columns 1-15 from card 1)

(Card 9: Duplicate columns 1-15 from card 1)

(Card 10: Duplicate columns 1-15 from card 1)

VIII. Summary of Payment Errors

Form HCFA-301 Page 5 of 5 Review No. _____

1. Case Name	2. Address	3. Case ID Number
4. Review Month	5. Date Payment Review Assigned	6. Date Payment Review Completed	7. Reviewer

(Card 11: Duplicate columns 1-15 from card 1)

A. Dollar Value of Primary Eligibility/Liability Error(s)

Error	Error Finding	Element	Nature	Type	# of Members with Error	Dollar Amount
1.	16	17 18 19	20 21	22 23	24 25	26 27 28 29 30
2.	31	32 33 34	35 36	37 38	39 40	41 42 43 44 45
3.	46	47 48 49	50 51	52 53	54 55	56 57 58 59 60
4.	61	62 63 64	65 66	67 68	69 70	71 72 73 74 75

(Card 12: Duplicate columns 1-15 from card 1)

5.	16	17 18 19	20 21	22 23	24 25	26 27 28 29 30

B. Total Unduplicated Dollar Amount of Case Eligibility Errors — 31 32 33 34 35

C. Total Unduplicated Dollar Amount of Case Liability Errors — 36 37 38 39 40

D. Total Unduplicated Dollar Amount of Case Claims Processing Errors — 41 42 43 44 45

E. Total Unduplicated Dollar Amount of Third Party Liability Errors — 46 47 48 49 50

F. Total Uncuplicated Dollar Amount of Medicaid Mis-spent Funds for the Case — 51 52 53 54 55

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